| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| EASTERN DISTRICT OF CALIFORNIA                  | -                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | ■ Chapter 7                     |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

### Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Part 1: Identify Yourself  |  |  |   |  |  |  |
|----|--|--|--|---|--|--|--|
|    |  | About Debtor 1:  |  | About Debtor 2 (Spouse Only in a Joint Case):                     |  |  |  |
| 1. | Your full name   |  |  |   |  |  |  |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your | Meagan First name  Rene Middle name  Hammes Last name and Suffix (Sr., Jr., II, III) |  | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |  |  |  |
|    | meeting with the trustee.  |  |  |   |  |  |  |
| 2. | All other names you have used in the last 8 years Include your married or maiden names.  |  |  |   |  |  |  |
|    | maiden names.  |  |  |   |  |  |  |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-4859  |  |   |  |  |  |

Debtor 1 Meagan Rene Hammes

Case number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|----|--|---|--|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |  |  |  |
| 5. | Where you live   | 5416 Allan Court  | If Debtor 2 lives at a different address:  |  |  |  |
|    |  | Rocklin, CA 95765  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |  |  |  |
|    |  | Placer<br>County  | County   |  |  |  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6. | Why you are choosing this district to file for   | Check one:  | Check one:   |  |  |  |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|    |  |   |  |  |  |  |

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. ☐ No. residence? Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Meagan Rene Hammes

| Deb | otor 1 Meagan Rene Har  | nmes                  |   | Case number (if known)   |  |  |  |  |
|-----|---|-----------------------|---|--|--|--|--|--|
|     |   |                       |   |  |  |  |  |  |
| Par | Penort About Any Ru   | ıcinaccac             | You Own as a Sole Propr   | ietor  |  |  |  |  |
|     |   | 1311163363            | Tou Own as a sole i Topi  | GIOI   |  |  |  |  |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.                 | Go to Part 4.   |  |  |  |  |  |
|     |   | ☐ Yes.                | Name and location of b  | usiness  |  |  |  |  |
|     | A sole proprietorship is a  |                       |   |  |  |  |  |  |
|     | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                       | Name of business, if an   |  |  |  |  |  |
|     | If you have more than one sole proprietorship, use a  |                       | Number, Street, City, S   | tate & ZIP Code  |  |  |  |  |
|     | separate sheet and attach it to this petition.  |                       | Check the appropriate I   | box to describe your business:   |  |  |  |  |
|     |   |                       |   | siness (as defined in 11 U.S.C. § 101(27A))  |  |  |  |  |
|     |   |                       | ☐ Single Asset Re   | al Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |  |
|     |   |                       | ☐ Stockbroker (as   | defined in 11 U.S.C. § 101(53A))   |  |  |  |  |
|     |   |                       | ☐ Commodity Bro   | ker (as defined in 11 U.S.C. § 101(6))   |  |  |  |  |
|     |   |                       | ☐ None of the about   | ve   |  |  |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?                           | deadline<br>operation | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedu in 11 U.S.C. 1116(1)(B). |  |  |  |  |  |
|     | For a definition of small   | ■ No.                 | I am not filing under Ch  | apter 11.  |  |  |  |  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                 | I am filing under Chapte<br>Code.   | er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |  |  |  |
|     |   | ☐ Yes.                | I am filing under Chapte  | er 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |  |
| Par | t 4: Report if You Own or   | · Have An             | / Hazardous Property or A   | ny Property That Needs Immediate Attention   |  |  |  |  |
| 14. | Do you own or have any  | ■ No.                 |   |  |  |  |  |  |
|     | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to                                | ☐ Yes.                | What is the hazard?   |  |  |  |  |  |
|     | public health or safety?<br>Or do you own any<br>property that needs  |                       | If immediate attention is needed, why is it needed?   |  |  |  |  |  |
|     | immediate attention?  |                       | needed, why is it needed?   |  |  |  |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                 |                       | Where is the property?  |  |  |  |  |  |
|     | •   |                       |   | Number, Street, City, State & Zip Code   |  |  |  |  |
|     |   |                       |   |  |  |  |  |  |
|     |   |                       |   |  |  |  |  |  |

Debtor 1 Meagan Rene Hammes

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Meagan Rene Har   | nmes   | Case number (if known)   |  |   |   |  |  |  |  |
|-----|--|--|--|--|---|---|--|--|--|--|
| Par | t 6: Answer These Quest  | ions for R   | eporting Purposes  |  |   |   |  |  |  |  |
| 16. | What kind of debts do you have?                                | 16a.   | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incidindividual primarily for a personal, family, or household purpose."   |  |   |   |  |  |  |  |
|     |  |  | □ No. Go to line 16b.  |  |   |   |  |  |  |  |
|     |  |  | Yes. Go to line 17.  |  |   |   |  |  |  |  |
|     |  | 16b.   | bb. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.   |  |   |   |  |  |  |  |
|     |  |  | ☐ No. Go to line 16c.  | g  |   |   |  |  |  |  |
|     |  |  | ☐ Yes. Go to line 17.  |  |   |   |  |  |  |  |
|     |  | 16c.   |  | ou owe that are not consur                                   | ner debts or busines  | ss debts  |  |  |  |  |
|     |  |  |  |  |   |   |  |  |  |  |
| 17. | Are you filing under Chapter 7?                                | □ No.  | I am not filing under Cha  | pter 7. Go to line 18.                                       |   |   |  |  |  |  |
|     | Do you estimate that after any exempt property is excluded and | Yes.   | I am filing under Chapter are paid that funds will be  | 7. Do you estimate that af<br>e available to distribute to u | ter any exempt propunsecured creditors?   | erty is excluded and administrative expenses  |  |  |  |  |
|     | administrative expenses  |  | ■ No   |  |   |   |  |  |  |  |
|     | are paid that funds will<br>be available for                   |  | ☐ Yes  |  |   |   |  |  |  |  |
|     | distribution to unsecured<br>creditors?                        |  |  |  |   |   |  |  |  |  |
| 18. | How many Creditors do  | <b>1</b> -49   |  | □ 1,000-5,000  |   | □ 25,001-50,000   |  |  |  |  |
|     | you estimate that you owe?                                     | □ 50-99  | )  | <u></u> 5001-10,000  |   | ☐ 50,001-100,000  |  |  |  |  |
|     |  | ☐ 100-1  |  | ☐ 10,001-25,00   | 00  | ☐ More than100,000  |  |  |  |  |
|     |  | 200-9  | 999  |  |   |   |  |  |  |  |
| 19. | How much do you estimate your assets to                        | <b>=</b> \$0 - \$  | \$50,000   |  | 0,001 - \$10 million  |   |  |  |  |  |
|     | be worth?  |  | 001 - \$100,000  |  | 00,001 - \$50 million ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ \$10,000,000,001 - \$50 billion                          |   |  |  |  |  |
|     |  |  | ,001 - \$500,000<br>,001 - \$1 million   | □ \$50,000,001<br>□ \$100,000,00                             |   | ☐ More than \$50 billion  |  |  |  |  |
|     |  |  |  |  |   |   |  |  |  |  |
| 20. | How much do you estimate your liabilities                      | □ \$0 - \$   |  | \$1,000,001  |   | □ \$500,000,001 - \$1 billion   |  |  |  |  |
|     | to be?   |  | 001 - \$100,000<br>,001 - \$500,000  |  | 3 \$10,000,001 - \$50 million       □ \$1,000,000,001 - \$10 billion         3 \$50,000,001 - \$100 million       □ \$10,000,000,001 - \$50 billion |   |  |  |  |  |
|     |  |  | ,001 - \$500,000<br>,001 - \$1 million   | □ \$100,000,00   |   | ☐ More than \$50 billion  |  |  |  |  |
| _   |  |  |  |  |   |   |  |  |  |  |
| Par | t 7: Sign Below  | I have ex  | vaminad this patition, and I   | doclare under penalty of r                                   | porium, that the inform   | nation provided is true and correct   |  |  |  |  |
| FOI | you  | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. |  |  |   |   |  |  |  |  |
|     |  |  |  |  |   | under Chapter 7, 11,12, or 13 of title 11, noose to proceed under Chapter 7.            |  |  |  |  |
|     |  |  | orney represents me and I on the control of the con |  |   | t an attorney to help me fill out this  |  |  |  |  |
|     |  | I request  | t relief in accordance with the  | he chapter of title 11, Unite                                | ed States Code, spec  | cified in this petition.  |  |  |  |  |
|     |  | bankrup<br>and 357   | tcy case can result in fines   |  |   | or property by fraud in connection with a rears, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |  |
|     |  | Meagai   | n Rene Hammes e of Debtor 1  |  | Signature of Debto  | r 2   |  |  |  |  |
|     |  |  |  |  | _   |   |  |  |  |  |
|     |  | Execute  | d on June 13, 2016<br>MM / DD / YYYY   |  | Executed on MM  | / DD / YYYY   |  |  |  |  |
|     |  |  |  |  | IVIIVI  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |  |  |  |  |

| Debtor 1 | Meagan Rene Hammes | Case number (if known) |  |
|----------|--------------------|------------------------|--|
|          |                    |                        |  |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Seth L.     | Hanson                 | Date          | June 13, 2016           |
|-----------------|------------------------|---------------|-------------------------|
| Signature of    | Attorney for Debtor    |               | MM / DD / YYYY          |
| Seth L. Ha      | nson                   |               |                         |
| Printed name    |                        |               |                         |
| Law Office      | of Seth L. Hanson      |               |                         |
|                 | essional Drive         |               |                         |
| Suite 100       |                        |               |                         |
| Roseville,      | CA 95661               |               |                         |
| Number, Street, | City, State & ZIP Code |               |                         |
| Contact phone   | 916-780-7005           | Email address | seth@hansonattorney.com |
| 217027          |                        |               |                         |
| Bar number & S  | tate                   |               |                         |

Certificate Number: 15725-CAE-CC-027561035



# **CERTIFICATE OF COUNSELING**

I CERTIFY that on June 6, 2016, at 6:28 o'clock PM EDT, Meagan Hammes received from 001 Debtorcc, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: June 6, 2016

By: /s/Mark Zawistowski

Name: Mark Zawistowski

Title: Counselor

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

| Fill   | in this information to identify your ca                                       | ise:   |  |              |                               |
|--------|---|--|--|--------------|-------------------------------|
| Deb    | tor 1 Meagan Rene Ham   |  |  |              |                               |
| Deh    | First Name  | Middle Name  | Last Name  |              |                               |
|        | use if, filing) First Name  | Middle Name  | Last Name  |              |                               |
| Unit   | ed States Bankruptcy Court for the:   | EASTERN DISTRICT OF                                | F CALIFORNIA   |              |                               |
| Cas    | e number  |  |  |              |                               |
| (if kn |   |  |  |              | k if this is an<br>ded filing |
|        |   |  |  |              |                               |
| Of     | icial Form 106Sum   |  |  |              |                               |
|        |   | nd Liabilities an                                  | d Certain Statistical Information  |              | 12/15                         |
| Be a   | s complete and accurate as possible   | e. If two married people sfirst; then complete the | are filing together, both are equally responsible f<br>e information on this form. If you are filing amend |              |                               |
| Par    | 1: Summarize Your Assets  | •  |  |              |                               |
| ı aı   | Cumulate Tour Assets  |  |  | V            |                               |
|        |   |  |  | Your a       | ssets<br>of what you own      |
| 1.     | Schedule A/B: Property (Official Form   | m 106A/B)  |  |              |                               |
|        |   |  |  | \$           | 0.00                          |
|        | 1b. Copy line 62, Total personal prope  | erty, from Schedule A/B                            |  | \$           | 25,832.00                     |
|        | 1c. Copy line 63, Total of all property of                                    | on Schedule A/B                                    |  | \$           | 25,832.00                     |
| Par    | 2: Summarize Your Liabilities   |  |  |              |                               |
|        |   |  |  | Your I       | iabilities                    |
|        |   |  |  |              | nt you owe                    |
| 2.     | Schedule D: Creditors Who Have Clai   |  | (Official Form 106D) he bottom of the last page of Part 1 of Schedule D                                    | \$           | 16,134.00                     |
| •      |   |  | , -  |              |                               |
| 3.     | Schedule E/F: Creditors Who Have Un<br>3a. Copy the total claims from Part 1  |  | s) from line 6e of Schedule E/F  | \$           | 0.00                          |
|        | 3b. Copy the total claims from Part 2   | (nonpriority unsecured cla                         | aims) from line 6j of Schedule E/F   | \$           | 34,055.00                     |
|        |   |  |  |              |                               |
|        |   |  | Your total liabilities   | ·   \$       | 50,189.00                     |
| Par    | 3: Summarize Your Income and E  | Ynenses  |  | 1            | -                             |
|        |   | -  |  |              |                               |
| 4.     | Schedule I: Your Income (Official Form Copy your combined monthly income      |  | <i>I</i>   | \$           | 2,525.17                      |
| 5.     | Schedule J: Your Expenses (Official F<br>Copy your monthly expenses from line | orm 106J)<br>22c of <i>Schedule J</i>              |  | \$           | 3,617.00                      |
| Par    |   |  |  |              |                               |
| 6.     | Are you filing for bankruptcy under   | Chapters 7, 11, or 13?                             |  |              |                               |
|        | ☐ No. You have nothing to report or   | n this part of the form. Ch                        | neck this box and submit this form to the court with yo  | our other sc | hedules.                      |
| 7.     | ■ Yes What kind of debt do you have?  |  |  |              |                               |
|        |   |  | lebts are those "incurred by an individual primarily for grow statistical purposes. 28 U.S.C. § 159.       | a personal   | , family, or                  |
|        | Your debts are not primarily co   |  | e nothing to report on this part of the form. Check thi  | s box and s  | submit this form to           |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debtor 1 Meagan Rene Hammes Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,207.75

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

|  |   | Case 10-23819 Filed 00/13/10 D  | 00.1  |                                       |
|--|---|---|---|---------------------------------------|
| Fill in this in  | formation to identify your case   | e and this filing:  |   |                                       |
| Debtor 1   | Meagan Rene Hamm  | es  |   |                                       |
| 20010  | First Name  | Middle Name Last Name   |   |                                       |
| Debtor 2   | F: AN   | AFTER N   |   |                                       |
| (Spouse, if filing)                                      | First Name  | Middle Name Last Name   |   |                                       |
| United States  | Bankruptcy Court for the: EA  | STERN DISTRICT OF CALIFORNIA  |   |                                       |
| Case number  |   |   |   | ☐ Check if this is an amended filing  |
| Sched  | Form 106A/B<br>ule A/B: Proper  |   |   | 12/15                                 |
| think it fits bes<br>information. If I<br>Answer every c | t. Be as complete and accurate as<br>more space is needed, attach a se<br>juestion. | ns. List an asset only once. If an asset fits in more than of possible. If two married people are filing together, both a parate sheet to this form. On the top of any additional pages of the Post Fototo Very Company Have as Interest In | re equally responsible for sup                        | oplying correct                       |
| Part 1: Descr  | Tibe Each Residence, Building, Lar  | nd, or Other Real Estate You Own or Have an Interest In   |   |                                       |
| 1. Do you own  | or have any legal or equitable inte   | erest in any residence, building, land, or similar property?  |   |                                       |
| ■ No. Go to  | Part 2  |   |   |                                       |
| _  | ere is the property?  |   |   |                                       |
| □ 103. Wild  | sic is the property:  |   |   |                                       |
| Part 2: Descr  | ibe Your Vehicles   |   |   |                                       |
| someone else   |   | le interest in any vehicles, whether they are registe<br>so report it on Schedule G: Executory Contracts and U<br>vehicles, motorcycles   |   | hicles you own that                   |
| □ No   |   |   |   |                                       |
| ■ Yes  |   |   |   |                                       |
| _ 103  |   |   |   |                                       |
| 3.1 Make:  | Dodge   | Who has an interest in the property? Check one  | Do not deduct secured cla                             |                                       |
| Model:   | Journey   | ■ Debtor 1 only   | the amount of any secured<br>Creditors Who Have Clain |                                       |
| Year:  | 2013  | Debtor 2 only   |   | Current value of the                  |
| Approxi  | imate mileage: 53000  |   | Current value of the<br>entire property?              | portion you own?                      |
| Other in   | nformation:   | At least one of the debtors and another   |   |                                       |
|  |   | ☐ Check if this is community property (see instructions)  | \$10,825.00   | \$10,825.00                           |
| 2.2 Makes  | Dodge   | Who has an interest in the avenuate?  | Do not deduct secured cla                             | ims or exemptions. Put                |
| 3.2 Make:<br>Model:                                      | 1500 Quad Cab   | Who has an interest in the property? Check one  | the amount of any secured<br>Creditors Who Have Clain | d claims on Schedule D:               |
| Year:  | 2004  | _ ■ Debtor 1 only □ Debtor 2 only   |   |                                       |
|  | imate mileage: 75000  |   | Current value of the<br>entire property?              | Current value of the portion you own? |
|  | nformation:   | _ ☐ At least one of the debtors and another   | p. sporty .   | r , o a o                             |
|  |   |   | 40.005.00   | <b>***</b> ***                        |
|  |   | ☐ Check if this is community property   | \$8,225.00  | \$8,225.00                            |

Official Form 106A/B Schedule A/B: Property page 1

(see instructions)

| De  | ebtor | 1 <b>M</b> | eagan Ren        | e Hammes                                  |         |                |                      | Case                   | e number (if kr                 | nown)         |  |
|-----|-------|------------|------------------|---|---------|----------------|----------------------|------------------------|---------------------------------|---------------|--|
|     |       |            |                  | tor homes, ATVs a<br>motors, personal w   |         |                |                      |                        |                                 |               |  |
| [   | □No   | )          |                  |   |         |                |                      |                        |                                 |               |  |
|     | ■ Ye  |            |                  |   |         |                |                      |                        |                                 |               |  |
|     | - 16  | 5          |                  |   |         |                |                      |                        |                                 |               |  |
| 4   | .1 N  | /lake:     | Yamaha           |   | ٧       | Vho has an int | terest in the proper | ty? Check one          | Do not dedu                     | ct secured    | claims or exemptions. Put                                    |
|     |       | /lodel:    | Raptor           |   |         | Debtor 1 onl   | V                    |                        |                                 |               | red claims on Schedule D:                                    |
|     |       | /ear:      | 2004             |   |         | Debtor 2 onl   | •                    |                        |                                 |               | aims Secured by Property.                                    |
|     |       | oui.       | 2004             |   |         |                | y<br>d Debtor 2 only |                        | Current value entire properties |               | Current value of the<br>portion you own?                     |
|     | C     | Other inf  | ormation:        |   |         |                | of the debtors and a | nother                 |                                 |               | , ,  |
|     |       |            |                  |   |         |                | s is community pro   |                        | \$2,                            | 500.00        | \$2,500.00   |
|     |       |            |                  |   |         |                |                      |                        |                                 |               |  |
| 5   | Add   | the do     | llar value of    | the portion you or                        | wn fo   | or all of your | entries from Par     | t 2, including any     | entries for                     |               | \$24 FEO 00  |
|     | .page | es you     | have attache     | ed for Part 2. Write                      | e that  | number her     | е                    |                        | =                               | :>   <u> </u> | \$21,550.00  |
|     |       |            |                  |   |         |                |                      |                        |                                 |               |  |
|     |       |            |                  | nal and Household                         |         |                |                      | _                      |                                 |               |  |
| Do  | o you | own o      | r have any l     | egal or equitable i                       | ntere   | st in any of t | he following iten    | ns?                    |                                 |               | Current value of the portion you own?  Do not deduct secured |
| 6   | Hous  | ehold      | goods and f      | urnishings                                |         |                |                      |                        |                                 |               | claims or exemptions.  |
| Ο.  |       |            |                  | ices, furniture, linen                    | ıs, chi | ina, kitchenwa | are                  |                        |                                 |               |  |
|     |       | 0          |                  |   |         |                |                      |                        |                                 |               |  |
|     | ■ Ye  | es. De     | scribe           |   |         |                |                      |                        |                                 |               |  |
|     |       |            |                  |   |         |                |                      |                        |                                 |               | ¢4 200 00  |
|     |       |            |                  | Home furnishi                             | ngs a   | and appliar    | ices                 |                        |                                 |               | \$1,300.00   |
|     |       |            |                  |   |         |                |                      |                        |                                 |               |  |
| 7.  |       | ronics     |                  |   |         |                |                      |                        |                                 |               |  |
|     | Exar  | •          |                  | nd radios; audio, vio<br>phones, cameras, |         |                |                      | computers, printers    | , scanners; mi                  | usic collec   | tions; electronic devices                                    |
|     |       |            | including cen    | priorics, carrieras,                      | mean    | a players, gai | 1103                 |                        |                                 |               |  |
|     | _     |            | scribe           |   |         |                |                      |                        |                                 |               |  |
|     |       | oo. Do     | 001100           |   |         |                |                      |                        |                                 |               |  |
|     |       |            |                  | Computer equ                              | ipme    | ent, cell pho  | one, tv, misc. e     | lectronics             |                                 |               | \$665.00   |
|     |       |            |                  | -   |         |                |                      |                        | <u> </u>                        |               |  |
| 8.  | Colle | ctibles    | of value         |   |         |                |                      |                        |                                 |               |  |
|     |       | mples: i   | Antiques and     |   |         |                | rtwork; books, pict  | ures, or other art o   | bjects; stamp,                  | coin, or b    | aseball card collections;                                    |
|     |       |            | other collection | ons, memorabilia, c                       | collect | tibles         |                      |                        |                                 |               |  |
|     | ■ No  |            | .,               |   |         |                |                      |                        |                                 |               |  |
|     | ⊔ Y€  | es. De     | scribe           |   |         |                |                      |                        |                                 |               |  |
| 9.  | Equi  | pment      | for sports a     | nd hobbies                                |         |                |                      |                        |                                 |               |  |
|     | Exar  |            |                  |   | and ot  | ther hobby ed  | uipment; bicycles    | , pool tables, golf of | lubs, skis; car                 | noes and I    | kayaks; carpentry tools;                                     |
|     |       |            | musical instru   | uments                                    |         |                |                      |                        |                                 |               |  |
|     | ■ No  |            | :                |   |         |                |                      |                        |                                 |               |  |
|     | LI Y  | es. De     | scribe           |   |         |                |                      |                        |                                 |               |  |
| 10. | Fire  | arms       |                  |   |         |                |                      |                        |                                 |               |  |
|     | _     | •          | Pistols, rifles  | s, shotguns, ammur                        | nition, | , and related  | equipment            |                        |                                 |               |  |
|     | ■ No  | -          |                  |   |         |                |                      |                        |                                 |               |  |
|     | ЦY    | es. De     | scribe           |   |         |                |                      |                        |                                 |               |  |
| 11. | Clot  | thes       |                  |   |         |                |                      |                        |                                 |               |  |
|     | _Exa  | amples.    | Everyday clo     | othes, furs, leather                      | coats   | , designer we  | ar, shoes, access    | ories                  |                                 |               |  |
|     |       |            |                  |   |         |                |                      |                        |                                 |               |  |
|     | ■ Ye  | es. De:    | scribe           |   |         |                |                      |                        |                                 |               |  |

| Debtor 1            | Meagan Rene                                 | Hamm                       | es   | Case number (if know  | vn)  |
|---------------------|---|----------------------------|--|---|--|
|                     |   | Clothin                    | g for 1 adult and  | clothing for 1 child  | \$425.00   |
| ☐ No                |   | elry, cost                 | ume jewelry, engage  | ment rings, wedding rings, heirloom jewelry, watches, gem   | s, gold, silver  |
|                     |   | Diamor                     | nd ring, earrings,   | costume jewelry   | \$0.00   |
| Exam                | arm animals  nples: Dogs, cats, b  Describe | irds, hors                 | es   |   |  |
|                     |   | 2 cats                     |  |   | \$50.00  |
| 15. Add for F       | Part 3. Write that n                        | of all of your transfer he | our entries from Par<br>ere                                    | t 3, including any entries for pages you have attached  | \$2,440.00   |
| Do you o            | wn or have any le                           | gal or eq                  | uitable interest in a  | ny of the following?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| □ No                |   |                            | ur wallet, in your hom   | e, in a safe deposit box, and on hand when you file your pe   | etition  |
|                     |   |                            |  | Cash on hand  | \$7.00   |
| Exam                |   | f you have                 | e multiple accounts w Checkings and                            | nts; certificates of deposit; shares in credit unions, brokeraç<br>vith the same institution, list each.<br>Institution name: |  |
|                     |   | 17.1.                      | Savings  | US Bank   | \$1,135.00   |
|                     |   | 17.2.                      | Checkings and<br>Savings                                       | Bank of America (just openedzero balance)   | \$0.00   |
| <i>Exam</i><br>■ No |   | nvestmer                   | y traded stocks  at accounts with brokenstitution or issuer na | erage firms, money market accounts  |  |
| 19. Non-p<br>joint  | oublicly traded sto<br>venture              |                            |  | ated and unincorporated businesses, including an inte   | rest in an LLC, partnership, and   |
|                     | •   | rmation a                  | bout them  |   |  |
|                     | rm 106A/B                                   |                            |  | Schedule A/B: Property  | page 3   |

| De       | btor 1                    | Meagan Rene Hammes  | Cas   | se number (if known)  |
|----------|---------------------------|---|---|---|
|          |                           | Name of entity:   | %   | of ownership:   |
| ı        | Negotia<br>Non-ne<br>■ No | able instruments include personal checks, c<br>gotiable instruments are those you cannot to<br>Give specific information about them | gotiable and non-negotiable instruments ashiers' checks, promissory notes, and money transfer to someone by signing or delivering the |   |
|          |                           | Issuer name:  |   |   |
| _        |                           | nent or pension accounts<br>les: Interests in IRA, ERISA, Keogh, 401(k)   | , 403(b), thrift savings accounts, or other pens  | ion or profit-sharing plans   |
| I        | □ Yes. I                  | ist each account separately.  Type of account:  | Institution name:   |   |
|          | Your sh                   |   | so that you may continue service or use from a t, public utilities (electric, gas, water), telecom                                    |   |
|          |                           |   | Institution name or individual:   |   |
|          |                           | Rental Security Dep   | osit  | \$700.00  |
| ı        | Annuiti<br>■ No<br>□ Yes  | , , , ,   | ney to you, either for life or for a number of ye   | ars)  |
| i        |                           | C. §§ 530(b)(1), 529A(b), and 529(b)(1).  | qualified ABLE program, or under a qualification. Separately file the records of any interests  |   |
| J        | No                        | equitable or future interests in property  Give specific information about them   | (other than anything listed in line 1), and ri  | ghts or powers exercisable for your benefit                                       |
| 26.<br>I | Patents Examp  ■ No       | , copyrights, trademarks, trade secrets,  | and other intellectual property eeds from royalties and licensing agreements  |   |
| ı        | <i>Examp</i><br>■ No      | es, franchises, and other general intangil<br>les: Building permits, exclusive licenses, co<br>Give specific information about them | <b>bles</b><br>operative association holdings, liquor licenses  | , professional licenses   |
| Мо       | ney or p                  | property owed to you?   |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28.      | Tax refu                  | unds owed to you  |   |   |
|          | ■ No<br>□ Yes. 0          | Give specific information about them, includ  | ing whether you already filed the returns and t   | he tax years  |
| ı        | Examp<br>■ No             | support les: Past due or lump sum alimony, spousal  | support, child support, maintenance, divorce  | settlement, property settlement   |

| D   | ebtor 1              | Meagan Rene Hammes  | Case number (if known)                              |                            |
|-----|----------------------|---|---|----------------------------|
| 30  |                      | amounts someone owes you  ples: Unpaid wages, disability insurance payments, disability benefits; unpaid loans you made to someone else                             | benefits, sick pay, vacation pay, workers' compe    | nsation, Social Security   |
|     | ■ No<br>□ Yes.       | Give specific information   |   |                            |
| 31  | . Interes            | sts in insurance policies  ples: Health, disability, or life insurance; health savings accord   | unt (HSA); credit, homeowner's, or renter's insurar | nce                        |
|     | □ No                 | No. 20 th a Community of a selection of Part States   |   |                            |
|     | ■ Yes.               | Name the insurance company of each policy and list its value Company name:  | Beneficiary:  | Surrender or refund value: |
|     |                      | Term Life through work  | Meagan's parents                                    | \$0.00                     |
| 32  | If you a some o      | Interest in property that is due you from someone who has are the beneficiary of a living trust, expect proceeds from a lipine has died.  Give specific information |   | eive property because      |
| 33  | B. Claims Examp ■ No | s against third parties, whether or not you have filed a law ples: Accidents, employment disputes, insurance claims, or r   |   |                            |
| 34  | ■ No                 | contingent and unliquidated claims of every nature, inclu  Describe each claim  | uding counterclaims of the debtor and rights to     | o set off claims           |
| 35  | ■ No                 | nancial assets you did not already list  Give specific information  |   |                            |
| 30  | 6. <b>Add t</b>      | the dollar value of all of your entries from Part 4, includir art 4. Write that number here   |   | \$1,842.00                 |
| P   | art 5: De            | escribe Any Business-Related Property You Own or Have an Inte   | erest In. List any real estate in Part 1.           |                            |
| 37. | . Do you             | own or have any legal or equitable interest in any business-relat   | ted property?                                       |                            |
|     | No. Go               | o to Part 6.  |   |                            |
|     | ☐ Yes. G             | Go to line 38.  |   |                            |
| P   |                      | escribe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1.   | u Own or Have an Interest In.                       |                            |
| 46  | ■ No.                | u own or have any legal or equitable interest in any farm-<br>Go to Part 7.<br>s. Go to line 47.  | - or commercial fishing-related property?           |                            |
| Pa  | art 7:               | Describe All Property You Own or Have an Interest in That Yo  | ou Did Not List Above                               |                            |
| 53  | Examp                | u have other property of any kind you did not already list ples: Season tickets, country club membership  | 1?  |                            |
|     | ■ No<br>□ Yes.       | Give specific information   |   |                            |
| 54  | 4. <b>Add f</b>      | the dollar value of all of your entries from Part 7. Write th   | nat number here                                     | \$0.00                     |

| Debtor 1        | Meagan Rene Hammes  |   |             | Case number (if known)       |             |
|-----------------|---|---|-------------|------------------------------|-------------|
| Part 8:         | List the Totals of Each Part of this Form                 |   |             |                              |             |
| 55. <b>Part</b> | t 1: Total real estate, line 2                            |   |             |                              | \$0.00      |
| 56. <b>Part</b> | t 2: Total vehicles, line 5                               |   | \$21,550.00 |                              |             |
| 57. <b>Part</b> | t 3: Total personal and household items, line 15          |   | \$2,440.00  |                              |             |
| 58. <b>Part</b> | t 4: Total financial assets, line 36                      |   | \$1,842.00  |                              |             |
| 59. <b>Part</b> | t 5: Total business-related property, line 45             |   | \$0.00      |                              |             |
| 60. <b>Part</b> | t 6: Total farm- and fishing-related property, line 52    |   | \$0.00      |                              |             |
| 61. <b>Part</b> | t 7: Total other property not listed, line 54             | + | \$0.00      |                              |             |
| 62. <b>Tota</b> | al personal property. Add lines 56 through 61             | _ | \$25,832.00 | Copy personal property total | \$25,832.00 |
| 63. <b>Tota</b> | al of all property on Schedule A/B. Add line 55 + line 62 |   |             |                              | \$25,832.00 |

| Debtor 1            | Meagan Rene Ha           | mmes               |              |                       |
|---------------------|--------------------------|--------------------|--------------|-----------------------|
|                     | First Name               | Middle Name        | Last Name    |                       |
| Debtor 2            |                          |                    |              |                       |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name    |                       |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT O | F CALIFORNIA |                       |
| Case number         |                          |                    |              |                       |
| (if known)          |                          |                    |              | ☐ Check if this is an |
|                     |                          |                    |              | amended filing        |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |  |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|--|
|  | Copy the value from<br>Schedule A/B  | Che                               | ck only one box for each exemption.                             |                                    |  |
| 2004 Dodge 1500 Quad Cab 75000 miles   | \$8,225.00                           |                                   | \$5,350.00  | C.C.P. § 703.140(b)(2)             |  |
| Line from Schedule A/B: 3.2  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 2004 Dodge 1500 Quad Cab 75000 miles   | \$8,225.00                           |                                   | \$2,875.00  | C.C.P. § 703.140(b)(5)             |  |
| Line from Schedule A/B: 3.2  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 2004 Yamaha Raptor Line from Schedule A/B: 4.1   | \$2,500.00                           |                                   | \$2,500.00  | C.C.P. § 703.140(b)(5)             |  |
| Ellie II olii oonodale 702.  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Home furnishings and appliances  | \$1,300.00                           |                                   | \$1,300.00  | C.C.P. § 703.140(b)(3)             |  |
| Zine nem estreame to Zi.   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Computer equipment, cell phone, tv, misc. electronics                                  | \$665.00                             |                                   | \$665.00  | C.C.P. § 703.140(b)(3)             |  |
| Line from Schedule A/B: <b>7.1</b>   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |  |

| Brief description of the property and line on<br>Schedule A/B that lists this property     | Current value of the<br>portion you own | Amo      | ount of the exemption you claim                                 | Specific laws that allow exempt |  |
|--|---|----------|---|---------------------------------|--|
|  | Copy the value from<br>Schedule A/B     | Che      | eck only one box for each exemption.                            |                                 |  |
| Clothing for 1 adult and clothing for 1 hild   | \$425.00                                | \$425.00 |   | C.C.P. § 703.140(b)(3)          |  |
| ine from Schedule A/B: 11.1  |   |          | 100% of fair market value, up to any applicable statutory limit |                                 |  |
| Diamond ring, earrings, costume ewelry   | \$0.00                                  |          | \$0.00  | C.C.P. § 703.140(b)(4)          |  |
| ine from Schedule A/B: 12.1  |   |          | 100% of fair market value, up to any applicable statutory limit |                                 |  |
| 2 cats<br>Line from Schedule A/B: 13.1   | \$50.00                                 |          | \$50.00   | C.C.P. § 703.140(b)(3)          |  |
|  |   |          | 100% of fair market value, up to any applicable statutory limit |                                 |  |
| Cash on hand<br>Line from Schedule A/B: 16.1   | \$7.00                                  |          | \$7.00  | C.C.P. § 703.140(b)(5)          |  |
| Line from ochequie AVD. 1011   |   |          | 100% of fair market value, up to any applicable statutory limit |                                 |  |
| Checkings and Savings: US Bank Line from Schedule A/B: 17.1                                | \$1,135.00                              |          | \$1,135.00  | C.C.P. § 703.140(b)(5)          |  |
| Line nom <i>Schedule AVD</i> . 17.1  |   |          | 100% of fair market value, up to any applicable statutory limit |                                 |  |
| Rental Security Deposit: Line from Schedule A/B: 22.1                                      | \$700.00                                |          | \$700.00  | C.C.P. § 703.140(b)(5)          |  |
| Line from ochequie AVD. 22.1   |   |          | 100% of fair market value, up to any applicable statutory limit |                                 |  |
| Term Life through work<br>Beneficiary: Meagan's parents                                    | \$0.00                                  |          | \$0.00  | C.C.P. § 703.140(b)(5)          |  |
| Line from Schedule A/B: 31.1   |   |          | 100% of fair market value, up to any applicable statutory limit |                                 |  |
| Are you claiming a homestead exemption of Subject to adjustment on 4/01/19 and every 3  No |   |          | led on or after the date of adjustmer                           | nt.)                            |  |
| <ul><li>Yes. Did you acquire the property covere</li><li>☐ No</li></ul>                    | d by the exemption wi                   | thin 1   | ,215 days before you filed this case                            | ?                               |  |
| ☐ Yes  |   |          |   |                                 |  |

|   |                                  | Case 16-23819 Fileu (   | JO/13     | 110 DOC 1   |  |                          |
|---|----------------------------------|---|-----------|---|--|--------------------------|
| Fill in this informati  | ion to identify you              | r case:   |           |   |  |                          |
| Debtor 1  | Meagan Rene H                    | ammes   |           |   |  |                          |
|   | First Name                       | Middle Name Last N  | lame      |   |  |                          |
| Debtor 2  |                                  |   |           |   |  |                          |
| (Spouse if, filing)   | First Name                       | Middle Name Last N  | lame      |   |  |                          |
| United States Bankru  | uptcy Court for the:             | EASTERN DISTRICT OF CALIFORN  | IA        |   |  |                          |
| Case number   |                                  |   |           |   |  |                          |
| (if known)  |                                  |   |           |   | ☐ Check                                      | if this is an            |
|   |                                  |   |           |   | amend  | led filing               |
| Official Form 1   | 106D                             |   |           |   |  |                          |
| Schedule D  | : Creditors                      | Who Have Claims Sec   | urec      | d by Property   | ,  | 12/15                    |
|   |                                  | If two married people are filing together, both<br>out, number the entries, and attach it to this |           |   |  |                          |
| 1. Do any creditors hav   | e claims secured by              | your property?  |           |   |  |                          |
| □ No. Check thi   | s box and submit tl              | nis form to the court with your other sched   | ules. Yo  | ou have nothing else to                                 | report on this form.                         |                          |
| Yes. Fill in all  | of the information               | below.  |           |   |  |                          |
| Part 1: List All So   | ecured Claims                    |   |           |   |  |                          |
|   |                                  | nore than one secured claim, list the creditor se   | narately  | Column A  | Column B                                     | Column C                 |
| for each claim. If more   | than one creditor has            | a particular claim, list the other creditors in Parcal order according to the creditor's name.    |           | Amount of claim  Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Patelco Cred  | lit Union                        | Describe the property that secures the clai   | m:        | \$16,134.00   | \$10,825.00                                  | \$5,309.00               |
| Creditor's Name   |                                  | 2013 Dodge Journey 53000 miles  |           |   |  |                          |
| 5050 Hopyar   | d Pd                             | As of the date you file, the claim is: Check al   | l that    |   |  |                          |
| Pleasanton,   |                                  | apply.  Contingent  |           |   |  |                          |
| Number, Street, City  |                                  | Unliquidated  |           |   |  |                          |
| •   |                                  | ☐ Disputed  |           |   |  |                          |
| Who owes the debt?  | Check one.                       | Nature of lien. Check all that apply.   |           |   |  |                          |
| Debtor 1 only   |                                  | An agreement you made (such as mortgage   | je or sec | ured  |  |                          |
| Debtor 2 only   |                                  | car loan)   |           |   |  |                          |
| ☐ Debtor 1 and Debto  | r 2 only                         | ☐ Statutory lien (such as tax lien, mechanic's  | ilien)    |   |  |                          |
| At least one of the d   |                                  | ☐ Judgment lien from a lawsuit  |           |   |  |                          |
| ☐ Check if this claim relates to a community debt ☐ Other (including a right to offset) |                                  |   |           |   |  |                          |
| Date debt was incurre   | Opened<br>1/01/14<br>Last Active | Last 4 digits of account number   | 6801      |   |  |                          |
|   | - 0,01,10                        |   |           |   |  |                          |
|   |                                  |   |           |   |  |                          |
|   | •                                | olumn A on this page. Write that number her   | e:        | \$16,134  | .00  |                          |
| If this is the last pag<br>Write that number he   |                                  | the dollar value totals from all pages.   |           | \$16,134  | .00  |                          |
|   |                                  |   |           |   | _  |                          |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|   |  | Case 10-23019   | Tiled Oo/1             | 3/10 D           | 001                               |                             |  |
|---|--|---|------------------------|------------------|-----------------------------------|-----------------------------|--|
| Fill in this info                                     | ormation to identify your  | case:   |                        |                  |                                   |                             |  |
| Debtor 1  | Meagan Rene Har  | nmas  |                        |                  |                                   |                             |  |
| Debior 1  | First Name   | Middle Name   | Last Name              |                  |                                   |                             |  |
| Debtor 2  |  |   |                        |                  |                                   |                             |  |
| (Spouse if, filing)                                   | First Name   | Middle Name   | Last Name              |                  |                                   |                             |  |
| United States E                                       | Bankruptcy Court for the:  | EASTERN DISTRICT OF (   | CALIFORNIA             |                  |                                   |                             |  |
| Case number   |  |   |                        |                  |                                   |                             |  |
| (if known)  |  |   |                        |                  |                                   | Check if this is an         |  |
|   |  |   |                        |                  |                                   | amended filing              |  |
| Official Fo   | rm 106E/F  |   |                        |                  |                                   |                             |  |
|   |  | ho Have Unsecur   | nd Claims              |                  |                                   | 12/15                       |  |
|   |  | e Part 1 for creditors with PRIC  |                        | 2.106            | I'm and MONDRIORITY of            |                             |  |
| Schedule D: Credleft. Attach the C<br>name and case n | ditors Who Have Claims Sec<br>ontinuation Page to this pag<br>number (if known). | ired Leases (Official Form 1060<br>ured by Property. If more space.<br>e. If you have no information to | e is needed, copy t    | he Part you ı    | need, fill it out, number the e   | entries in the boxes on the |  |
|   | All of Your PRIORITY Un  |   |                        |                  |                                   |                             |  |
| _ ′   | litors have priority unsecure  | d claims against you?   |                        |                  |                                   |                             |  |
| ■ No. Go to   | Part 2.  |   |                        |                  |                                   |                             |  |
| ☐ Yes.  |  |   |                        |                  |                                   |                             |  |
| Part 2: List  | All of Your NONPRIORIT   | Y Unsecured Claims  |                        |                  |                                   |                             |  |
| 3. Do any cred  | litors have nonpriority unsec  | ured claims against you?  |                        |                  |                                   |                             |  |
| ☐ No. You   | have nothing to report in this p   | art. Submit this form to the court  | with your other sche   | edules.          |                                   |                             |  |
| Yes.  |  |   |                        |                  |                                   |                             |  |
| unsecured c   | laim, list the creditor separately   | aims in the alphabetical order of for each claim. For each claim I st the other creditors in Part 3.If  | isted, identify what t | ype of claim it  | is. Do not list claims already in | ncluded in Part 1. If more  |  |
|   |  |   |                        |                  |                                   | Total claim                 |  |
| 4.1 Capita  | al One   | Last 4 digits of  | account number         | 1230             |                                   | \$1,898.00                  |  |
| Nonprio   | rity Creditor's Name   |   |                        | 0                | 7/04/04 1 1 4                     |                             |  |
|   | N Riverwoods Blvd<br>wa, IL 60045  | When was the  | debt incurred?         | 5/27/16          | 7/01/04 Last Active               | _                           |  |
| Number  | r Street City State Zlp Code curred the debt? Check one.                         | As of the date  | ou file, the claim i   | s: Check all the | nat apply                         |                             |  |
| _   | tor 1 only   | ☐ Contingent  |                        |                  |                                   |                             |  |
|   | tor 2 only   | ☐ Unliquidated  | -                      |                  |                                   |                             |  |
|   | tor 1 and Debtor 2 only  | ☐ Disputed  |                        |                  |                                   |                             |  |
|   | east one of the debtors and and  |   | RIORITY unsecured      | d claim:         |                                   |                             |  |
|   | ck if this claim is for a com  |   |                        |                  |                                   |                             |  |
| debt  | laim subject to offset?  |   |                        | ration agreem    | ent or divorce that you did not   |                             |  |
| ■ No  | •  |   | sion or profit-sharin  | g plans, and o   | other similar debts               |                             |  |
| ☐ Yes   |  | Other Speci   | fy Charge Acc          | ount             |                                   |                             |  |
| 00  |  | - Other. Speci  | ,                      |                  |                                   |                             |  |

| Debtor | <sup>1</sup> Meagan Rene Hammes                                     |   | Case number (if know)                        |            |  |  |  |  |
|--------|---|---|--|------------|--|--|--|--|
| 4.2    | Capital One Bank Usa N  Nonpriority Creditor's Name                 | Last 4 digits of account number   | 9059   | \$1,857.00 |  |  |  |  |
|        | 15000 Capital One Dr<br>Richmond, VA 23238                          | When was the debt incurred?   | Opened 7/01/00 Last Active 5/04/16           |            |  |  |  |  |
|        | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim  | s: Check all that apply                      |            |  |  |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent  |  |            |  |  |  |  |
|        | ☐ Debtor 2 only   | ☐ Unliquidated  |  |            |  |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |  |  |  |  |
|        | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured   | d claim:                                     |            |  |  |  |  |
|        | ☐ Check if this claim is for a community                            | ☐ Student loans   |  |            |  |  |  |  |
|        | debt<br>Is the claim subject to offset?                             | ☐ Obligations arising out of a separeport as priority claims                  | ration agreement or divorce that you did not |            |  |  |  |  |
|        | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |            |  |  |  |  |
|        | Yes   | Other. Specify Credit Card  | <u> </u>                                     |            |  |  |  |  |
| 4.3    | Capital One Bank Usa N Nonpriority Creditor's Name                  | Last 4 digits of account number   | 0837   | \$1,715.00 |  |  |  |  |
|        | 15000 Capital One Dr<br>Richmond, VA 23238                          | Opened 7/01/02 Last Active 5/03/16  |  |            |  |  |  |  |
|        | Number Street City State Zlp Code                                   | As of the date you file, the claim  | s: Check all that apply                      |            |  |  |  |  |
|        | Who incurred the debt? Check one.                                   |   |  |            |  |  |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent  |  |            |  |  |  |  |
|        | Debtor 2 only   | ☐ Unliquidated  |  |            |  |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  | ·  |            |  |  |  |  |
|        | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured   |  |            |  |  |  |  |
|        | ☐ Check if this claim is for a community                            | ☐ Student loans   |  |            |  |  |  |  |
|        | debt<br>Is the claim subject to offset?                             | Obligations arising out of a separeport as priority claims                    |  |            |  |  |  |  |
|        | ■ No  | Debts to pension or profit-sharing  |  |            |  |  |  |  |
|        | Yes   | Other. Specify Credit Card  | <u> </u>                                     |            |  |  |  |  |
| 4.4    | Chase Card Nonpriority Creditor's Name                              | Last 4 digits of account number   | 4422   | \$1,015.00 |  |  |  |  |
|        | Po Box 15298<br>Wilmington, DE 19850                                | When was the debt incurred?   | Opened 12/01/14 Last Active 5/10/16          |            |  |  |  |  |
|        | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim  | s: Check all that apply                      |            |  |  |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent  |  |            |  |  |  |  |
|        | Debtor 2 only   | ☐ Unliquidated ☐ Disputed   |  |            |  |  |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  |   |  |            |  |  |  |  |
|        | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured   |  |            |  |  |  |  |
|        | ☐ Check if this claim is for a community debt                       | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> |  |            |  |  |  |  |
|        | Is the claim subject to offset?                                     | report as priority claims   |  |            |  |  |  |  |
|        | No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |            |  |  |  |  |
|        | Yes   | ■ Other Specify Credit Card   | I  |            |  |  |  |  |

| Debt | or 1 Meagan Rene Hammes  |  | Case number (if know)                        |            |  |  |  |
|------|--|--|--|------------|--|--|--|
| 4.5  | Citi Nonpriority Creditor's Name   | Last 4 digits of account number  | 2163   | \$1,652.00 |  |  |  |
|      | 701 E 60th St N<br>Sioux Falls, SD 57104   | When was the debt incurred?  | Opened 9/01/15 Last Active 5/03/16           |            |  |  |  |
|      | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all that apply                     |            |  |  |  |
|      | Debtor 1 only  | ☐ Contingent   |  |            |  |  |  |
|      | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only   | ☐ Unliquidated☐ Disputed   |  |            |  |  |  |
|      | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■    | Type of NONPRIORITY unsecured  ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing | ration agreement or divorce that you did not |            |  |  |  |
|      | ■ No □ Yes   | Other. Specify     Credit Card   |  |            |  |  |  |
| 4.6  | Kohls/capone Nonpriority Creditor's Name   | Last 4 digits of account number  | 3499   | \$1,812.00 |  |  |  |
|      | N56 W 17000 Ridgewood Dr<br>Menomonee Falls, WI 53051  | When was the debt incurred?  | Opened 12/01/09 Last Active 5/06/16          |            |  |  |  |
|      | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim   |  |            |  |  |  |
|      | ■ Debtor 1 only □ Debtor 2 only  | ☐ Contingent☐ Unliquidated   |  |            |  |  |  |
|      | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure   | d claim:                                     |            |  |  |  |
|      | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharin                                 |  |            |  |  |  |
|      | □Yes   | Other. Specify Charge Acc  | count  |            |  |  |  |
| 4.7  | Macys Charge Account Nonpriority Creditor's Name   | Last 4 digits of account number  | 6510   | \$1,820.00 |  |  |  |
|      | 9111 Duke Blvd<br>Mason, OH 45040  | When was the debt incurred?  | Opened 12/01/99 Last Active 5/06/16          |            |  |  |  |
|      | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all that apply                     |            |  |  |  |
|      | Debtor 1 only  | ☐ Contingent   |  |            |  |  |  |
|      | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only   | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:   |  |            |  |  |  |
|      | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?      | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims   |  |            |  |  |  |
|      | ■ No   | Debts to pension or profit-sharin  |  |            |  |  |  |

| Debtor | 1 Meagan Rene Hammes  | Case number (if know)  |   |            |  |  |
|--------|---|--|---|------------|--|--|
| 4.8    | Patelco Credit Union Nonpriority Creditor's Name  | Last 4 digits of account number  | 6870  | \$2,997.00 |  |  |
|        | 5050 Hopyard Rd<br>Pleasanton, CA 94588   | When was the debt incurred?  | Opened 8/01/06 Last Active 5/11/16  |            |  |  |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim   | s: Check all that apply   |            |  |  |
|        | Debtor 1 only   | ☐ Contingent   |   |            |  |  |
|        | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only  | ☐ Unliquidated☐ Disputed   |   |            |  |  |
|        | ☐ At least one of the debtors and another☐ Check if this claim is for a community debt Is the claim subject to offset?  | Type of NONPRIORITY unsecured  ☐ Student loans  ☐ Obligations arising out of a separeport as priority claims |   |            |  |  |
|        | ■ No  | Debts to pension or profit-sharin  |   |            |  |  |
|        | Yes   | Other. Specify Credit Card   | <u> </u>  |            |  |  |
| 4.9    | Syncb/care Credit Nonpriority Creditor's Name   | Last 4 digits of account number  | 7960  | \$1,497.00 |  |  |
|        | C/o P.o. Box 965036<br>Orlando, FL 32896  | When was the debt incurred?  | Opened 4/01/11 Last Active 5/12/16  |            |  |  |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim   | s: Check all that apply   |            |  |  |
|        | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No | report as priority claims  Debts to pension or profit-sharing  | ration agreement or divorce that you did not g plans, and other similar debts |            |  |  |
|        | Yes   | Other. Specify Charge Acc  | count   |            |  |  |
| 4.1    | Syncb/jcp Nonpriority Creditor's Name   | Last 4 digits of account number  | 4937  | \$3,532.00 |  |  |
|        | Po Box 965007<br>Orlando, FL 32896  | When was the debt incurred?  | Opened 4/01/11 Last Active 5/05/16  |            |  |  |
|        | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply  |   |            |  |  |
|        | ■ Debtor 1 only   | ☐ Contingent   |   |            |  |  |
|        | ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |  |  |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |  |  |
|        | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured  |   |            |  |  |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?   | report as priority claims  | ration agreement or divorce that you did not                                  |            |  |  |
|        | No  | Debts to pension or profit-sharing   |   |            |  |  |
|        | ☐ Yes   | Other Specify Charge Acceptage   | count   |            |  |  |

| Debte | Meagan Rene Hammes   | Case number (if know)   |   |            |  |  |  |
|-------|--|---|---|------------|--|--|--|
| 4.1   | Syncb/walmart Dc  Nonpriority Creditor's Name                                  | Last 4 digits of account number   | 2022  | \$6,006.00 |  |  |  |
|       | Po Box 965024<br>Orlando, FL 32896   | When was the debt incurred?   | Opened 10/01/12 Last Active 5/17/16   |            |  |  |  |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.            | As of the date you file, the claim i  | s: Check all that apply   |            |  |  |  |
|       | Debtor 1 only  | ☐ Contingent  |   |            |  |  |  |
|       | Debtor 2 only  | ☐ Unliquidated  |   |            |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured   | l alaim.  |            |  |  |  |
|       | ☐ At least one of the debtors and another                                      | Student loans   | ciaim:  |            |  |  |  |
|       | ☐ Check if this claim is for a community debt  Is the claim subject to offset? |   | Obligations arising out of a separation agreement or divorce that you did not |            |  |  |  |
|       | ■ No   | ☐ Debts to pension or profit-sharin   | g plans, and other similar debts  |            |  |  |  |
|       | Yes  | Other. Specify Credit Card  |   |            |  |  |  |
| 4.1   | The Home Depot/Citibank, N.A.  Nonpriority Creditor's Name                     | Last 4 digits of account number   | 2572  | \$2,954.00 |  |  |  |
|       | PO Box 6497<br>Sioux Falls, SD 57117   | When was the debt incurred?   | Opened 11/01/10 Last Active 5/20/16   |            |  |  |  |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.            | As of the date you file, the claim i  | s: Check all that apply   |            |  |  |  |
|       | Debtor 1 only  |   |   |            |  |  |  |
|       | ☐ Debtor 2 only  | ☐ Unliquidated  |   |            |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |  |  |  |
|       | $\square$ At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |   |            |  |  |  |
|       | ☐ Check if this claim is for a community debt                                  | ☐ Student loans   | ration agreement or divorce that you did not                                  |            |  |  |  |
|       | Is the claim subject to offset?  | report as priority claims   |   |            |  |  |  |
|       | No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |   |            |  |  |  |
|       | Yes  | Other. Specify  |   |            |  |  |  |
| 4.1   | Us Bank Nonpriority Creditor's Name  | Last 4 digits of account number   | 8361  | \$4,306.00 |  |  |  |
|       | 4325 17th Ave S<br>Fargo, ND 58125   | When was the debt incurred?   | Opened 10/01/15 Last Active 5/16/16   |            |  |  |  |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.            | As of the date you file, the claim i  | s: Check all that apply   |            |  |  |  |
|       | ■ Debtor 1 only  | ☐ Contingent  |   |            |  |  |  |
|       | Debtor 2 only  | ☐ Unliquidated  |   |            |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |  |  |  |
|       | $\square$ At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |   |            |  |  |  |
|       | ☐ Check if this claim is for a community                                       | ☐ Student loans   |   |            |  |  |  |
|       | debt Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |            |  |  |  |
|       | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |   |            |  |  |  |
|       | Yes  | ■ Other. Specify Check Cred   | lit Or Line Of Credit   |            |  |  |  |
|       |  | · · · · · · · · · · · · · · · · · · ·   |   |            |  |  |  |

| Debtor 1 Meagan Rene Hammes  |  | Case number (if know)                         |          |  |
|--|--|---|----------|--|
| 4.1 4 Us Bank Nonpriority Creditor's Name                                    | Last 4 digits of account number                  | 3121  | \$994.00 |  |
| 4325 17th Ave S<br>Fargo, ND 58125   | When was the debt incurred?                      | Opened 11/01/06 Last Active 5/10/16           |          |  |
| Number Street City State Zlp Code Who incurred the debt? Check or            | • •  | is: Check all that apply                      |          |  |
| Debtor 1 only  | ☐ Contingent                                     |   |          |  |
| ☐ Debtor 2 only  | ☐ Unliquidated                                   |   |          |  |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and               | ☐ Disputed  another Type of NONPRIORITY unsecure | ed claim:                                     |          |  |
| ☐ Check if this claim is for a co<br>debt<br>Is the claim subject to offset? |  | aration agreement or divorce that you did not |          |  |
| No   | $\square$ Debts to pension or profit-shari       | ng plans, and other similar debts             |          |  |
| Yes  | Other. Specify Credit Car                        | d   |          |  |

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Т  | otal Claim |
|--------------|-----|---|-----|----|------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00       |
| Total claims |     |   |     |    |            |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00       |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00       |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00       |
|              |     |   |     | 1  | otal Claim |
|              | 6f. | Student loans   | 6f. | \$ | 0.00       |
| Total claims |     |   |     |    |            |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 34,055.00  |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 34,055.00  |

| Fill in this infor  |                          |                    |              |  |                     |
|---------------------|--------------------------|--------------------|--------------|--|---------------------|
| Debtor 1            | Meagan Rene Ha           | mmes               |              |  |                     |
|                     | First Name               | Middle Name        | Last Name    |  |                     |
| Debtor 2            |                          |                    |              |  |                     |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name    |  |                     |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT C | F CALIFORNIA |  |                     |
| Case number         |                          |                    |              |  |                     |
| (if known)          |                          |                    |              |  | Check if this is an |
|                     |                          |                    |              |  | amended filing      |

# Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | Name, Number | whom you have th<br>r, Street, City, State and ZIF | e contract or lease  Code | State what the contract or lease is for |
|-----|-----------|--------------|--|---------------------------|---|
| 2.1 |           |              |  |                           |   |
|     | Name      |              |  |                           |   |
|     | Number    | Street       |  |                           | <u> </u>                                |
|     | City      |              | State  | ZIP Code                  | <u> </u>                                |
| 2.2 |           |              |  |                           |   |
|     | Name      |              |  |                           |   |
|     | Number    | Street       |  |                           | _                                       |
|     | City      |              | State  | ZIP Code                  | <u> </u>                                |
| 2.3 |           |              |  |                           |   |
|     | Name      |              |  |                           | <del></del>                             |
|     | Number    | Street       |  |                           | <u> </u>                                |
|     | City      |              | State  | ZIP Code                  | <del>_</del>                            |
| 2.4 | •         |              |  |                           |   |
|     | Name      |              |  |                           |   |
|     | Number    | Street       |  |                           | <del>_</del>                            |
|     | City      |              | State  | ZIP Code                  | <u> </u>                                |
| 2.5 | •         |              |  |                           |   |
|     | Name      |              |  |                           |   |
|     | Number    | Street       |  |                           | <u> </u>                                |
|     | City      |              | State  | ZIP Code                  |   |

| Fill in this  | information to identify  | your case:   |  |   |
|---|--|--|--|---|
| Debtor 1  | Meagan Ren   | e Hammes   |  |   |
| <b>D</b> 14 0                                       | First Name   | Middle Name  | Last Name  |   |
| Debtor 2<br>(Spouse if, filing                      | rg) First Name   | Middle Name  | Last Name  |   |
| United Stat   | tes Bankruptcy Court for   | the: EASTERN DISTRICT OF   | CALIFORNIA   |   |
| Case numb   | per  |  |  |   |
| (if known)  |  |  |  | ☐ Check if this is an amended filing  |
|   |  |  |  |   |
|   | Form 106H  |  |  |   |
| <u>Sched</u>  | ule H: Your C  | odebtors   |  | 12/15   |
| fill it out, an your name  1. Do y  No Yes  2. With | nd number the entries i<br>and case number (if kn<br>you have any codebtors<br>nin the last 8 years, hav | n the boxes on the left. Attach town). Answer every question.  (If you are filing a joint case, do | the Additional Page of | ry? (Community property states and territories include  |
| □ No.   | Go to line 3.  |  |  |   |
| Yes   | . Did your spouse, forme   | r spouse, or legal equivalent live   | with you at the time?  |   |
|   | <b>=</b>   |  |  |   |
|   | ■ No<br>□ Yes.   |  |  |   |
| •   | <b>—</b> 100.  |  |  |   |
|   | In which community   | y state or territory did you live?   | -NONE-   | . Fill in the name and current address of that person.  |
|   | Name of your spouse, for<br>Number, Street, City, Sta  | mer spouse, or legal equivalent<br>te & Zip Code   |  |   |
| in line<br>Form                                     | umn 1, list all of your co<br>2 again as a codebtor  | odebtors. Do not include your sonly if that person is a guaranto                                   | or or cosigner. Make   | r if your spouse is filing with you. List the person showr<br>sure you have listed the creditor on Schedule D (Officia<br>06G). Use Schedule D, Schedule E/F, or Schedule G to fi |
|   | Column 1: Your codebto<br>Name, Number, Street, City, State  |  |  | Column 2: The creditor to whom you owe the debt Check all schedules that apply:   |
| 3.1   |  |  |  | ☐ Schedule D, line  |
|   | Name   |  |  | ☐ Schedule E/F, line  |
|   |  |  |  | ☐ Schedule G, line  |
|   | Number Street<br>City  | State  | ZIP Code   | _   |
| 3.2   |  |  |  | ☐ Schedule D, line  |
|   | Name   |  |  | ☐ Schedule E/F, line  |
|   |  |  |  | ☐ Schedule G, line  |
| -   | Number Street  |  |  | _   |
|   | City   | State  | ZIP Code   |   |

| Fill               | in this information to identify yo  | our case:   |                              |                                    |                |           |                            |                           |                                  |                 |
|--------------------|---|---|------------------------------|------------------------------------|----------------|-----------|----------------------------|---------------------------|----------------------------------|-----------------|
| Del                | otor 1 Meagan   | Rene Hammes   |                              |                                    |                |           |                            |                           |                                  |                 |
|                    | otor 2<br>cuse, if filing)  |   |                              |                                    |                |           |                            |                           |                                  |                 |
| Uni                | ted States Bankruptcy Court fo  | r the: EASTERN DISTRICT   | Γ OF CALIFORNIA              | ١                                  |                |           |                            |                           |                                  |                 |
|                    | se number   |   | _                            |                                    |                | Che       | ck if this is              |                           |                                  |                 |
| (If kr             | nown)   |   |                              |                                    |                | l         | An amende                  | U                         |                                  |                 |
| _                  | w:  |   |                              |                                    |                |           |                            | •                         | g postpetition<br>bllowing date: |                 |
|                    | fficial Form 106l   |   |                              |                                    |                | ·         | MM / DD/ Y                 | YYY                       |                                  |                 |
|                    | chedule I: Your II  |   |                              |                                    |                |           |                            |                           |                                  | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as plying correct information. If use. If you are separated and ch a separate sheet to this fo | you are married and not fili<br>your spouse is not filing w<br>orm. On the top of any addit | ing jointly, and you         | our spouse<br>clude infor          | is liv<br>mati | ing witl  | h you, incl<br>it your spo | ude inforn<br>ouse. If mo | nation about<br>ore space is     | your<br>needed, |
| 1.                 | Fill in your employment information.  |   | Debtor 1                     |                                    |                |           | Debtor 2                   | 2 or non-fil              | ling spouse                      |                 |
|                    | If you have more than one job, attach a separate page with information about additional employers.                      | b, Employment status  | ■ Employed                   |                                    |                |           | ☐ Empl                     | oyed                      |                                  |                 |
|                    |   | Linployment status  | ☐ Not employe                | ed                                 |                |           | ☐ Not e                    | mployed                   |                                  |                 |
|                    |   | Occupation  | Admin Assis                  | tant                               |                |           |                            |                           |                                  |                 |
|                    | Include part-time, seasonal, c self-employed work.  | or<br>Employer's name   | Mental Healt<br>Northern Cal |                                    | Of             |           |                            |                           |                                  |                 |
|                    | Occupation may include stud or homemaker, if it applies.  | ent Employer's address  | 1908 O St.<br>Sacramento,    | 1908 O St.<br>Sacramento, CA 95811 |                |           |                            |                           |                                  |                 |
|                    |   | How long employed t   | there? 5.5                   | <b>Years</b>                       |                |           |                            |                           |                                  |                 |
| Par                | t 2: Give Details About   | Monthly Income  |                              |                                    |                |           |                            |                           |                                  |                 |
|                    | mate monthly income as of the unless you are separated.   | he date you file this form. If  | you have nothing             | to report for                      | any            | line, wri | te \$0 in the              | space. Inc                | clude your no                    | n-filing        |
|                    | u or your non-filing spouse hav<br>e space, attach a separate she   |   | ombine the inform            | ation for all                      | empl           | oyers fo  | r that perso               | on on the lir             | nes below. If y                  | you need        |
|                    |   |   |                              |                                    |                | For De    | ebtor 1                    |                           | otor 2 or<br>ng spouse           |                 |
| 2.                 | List monthly gross wages, deductions). If not paid mont   |   |                              | 2.                                 | \$             | ;         | 3,207.75                   | \$                        | N/A                              |                 |
| 3.                 | Estimate and list monthly o   | overtime pay.   |                              | 3.                                 | +\$            |           | 0.00                       | +\$                       | N/A                              |                 |
| 4.                 | Calculate gross Income. A   | dd line 2 + line 3.   |                              | 4.                                 | \$             | 3,2       | 207.75                     | \$                        | N/A                              |                 |

| Debt | tor 1                               | Meagan Rene Hammes   | _   | Case                                 | number (if known)   | -                            |   |          |
|------|-------------------------------------|--|---|--------------------------------------|---|------------------------------|---|----------|
|      | Сор                                 | y line 4 here  | 4.  | For                                  | Debtor 1 3,207.75   |                              | ebtor 2 or<br>lling spouse<br>N/A             |          |
| 5.   | List                                | all payroll deductions:  |   |                                      |   |                              |   |          |
| 0.   | 5a. 5b. 5c. 5d. 5e. 5f. 5f. 5g. 5h. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:  | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$        | 654.01<br>0.00<br>0.00<br>0.00<br>28.57<br>0.00<br>0.00<br>0.00 | \$<br>\$<br>\$<br>\$<br>+ \$ | N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A |          |
| 6.   | Add                                 | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.  | \$                                   | 682.58  | \$                           | N/A   |          |
| 7.   | Cald                                | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.  | \$_                                  | 2,525.17  | \$                           | N/A   |          |
| 8.   | 8b. 8c. 8d. 8e. 8f. 8g. 8h.         | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify: | 8c.<br>8d.<br>8e.                             | \$ _<br>\$ _<br>\$ _<br>\$ _<br>\$ _ | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00            | \$\$<br>\$\$<br>\$           | N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A        | 7        |
| 9.   | Add                                 | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.  | \$                                   | 0.00  | \$                           | N/A   |          |
|      | Add<br>Stat<br>Inclu                | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a  | depen   | dents,                               | •   | ,                            |   | 2,525.17 |
|      | Add<br>Writ                         | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies  | in Liabi                                      |                                      |   |                              | 12. \$  | 2,525.17 |
| 13.  | Do y                                | /ou expect an increase or decrease within the year after you file this form?<br>No.  | ?   |                                      |   |                              |   |          |
|      |                                     | Yes. Explain:  |   |                                      |   |                              |   |          |

Official Form 106I Schedule I: Your Income page 2

| Eille       | in this informat                | tion to identify yo  | ur casa:      |  |   |            |                                    |   |
|-------------|---------------------------------|----------------------|---------------|--|---|------------|------------------------------------|---|
|             |                                 |                      |               |  |   |            |                                    |   |
| Deb         | tor 1                           | Meagan Rene          | e Hamme       | es   |   |            | eck if this is:  An amended filing |   |
| Deb         | tor 2                           |                      |               |  |   |            | J                                  | wing postpetition chapter                           |
| (Spc        | ouse, if filing)                |                      |               |  |   |            |                                    | f the following date:                               |
| Unite       | ed States Bankrı                | uptcy Court for the: | EASTE         | RN DISTRICT OF CALIFO                        | ORNIA                                   |            | MM / DD / YYYY                     |   |
| Case        | e number                        |                      |               |  |   |            |                                    |   |
| l           | nown)                           |                      |               |  |   |            |                                    |   |
| Of          | fficial Fo                      | rm 106J              |               |  |   |            |                                    |   |
|             |                                 | J: Your E            | <br>Evnor     | 1606   |   |            |                                    | 12/15   |
|             |                                 |                      |               | ISCS<br>. If two married people a            | re filing together, ho                  | th are ea  | ually responsible f                |   |
| info        | rmation. If me                  |                      | eded, atta    | ch another sheet to this                     |   |            |                                    |   |
| Pari        | 1: Descri                       | ibe Your House       | hold          |  |   |            |                                    |   |
| 1.          | Is this a join                  |                      | iioiu         |  |   |            |                                    |   |
|             | ■ No. Go to                     | line 2.              |               |  |   |            |                                    |   |
|             |                                 |                      | n a separ     | ate household?                               |   |            |                                    |   |
|             |                                 |                      | •             |  |   |            |                                    |   |
|             |                                 |                      | t file Offici | al Form 106J-2, Expenses                     | s for Separate House                    | hold of De | ebtor 2.                           |   |
| 0           |                                 |                      | _             | , ,  | ,                                       |            |                                    |   |
| 2.          | Do you nave                     | e dependents?        | ☐ No          |  |   |            |                                    |   |
|             | Do not list De Debtor 2.        | ebtor 1 and          | Yes.          | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor |            | Dependent's age                    | Does dependent live with you?                       |
|             | Do not state                    | the                  |               |  |   |            |                                    | □ No  |
|             | dependents r                    |                      |               |  | Son                                     |            | 2                                  | Yes   |
|             |                                 |                      |               |  |   |            |                                    | □ No  |
|             |                                 |                      |               |  |   |            |                                    | ☐ Yes   |
|             |                                 |                      |               |  |   |            |                                    | □ No  |
|             |                                 |                      |               |  |   |            |                                    | _ Pes   |
|             |                                 |                      |               |  |   |            |                                    | □ No  |
| 3.          | Do your oyn                     | enses include        | _             |  |   |            |                                    | Yes   |
| Э.          |                                 | people other the     | nan           | No   |   |            |                                    |   |
|             |                                 | d your depender      |               | Yes  |   |            |                                    |   |
| Part        | f 2. Estima                     | ate Your Ongoir      | na Month      | ly Evnansas                                  |   |            |                                    |   |
| Esti<br>exp | imate your ex<br>enses as of a  | penses as of yo      | our bankr     | uptcy filing date unless y                   |   |            |                                    | apter 13 case to report of the form and fill in the |
| app         | licable date.                   |                      |               |  |   |            |                                    |   |
|             |                                 |                      |               | government assistance                        |   |            |                                    |   |
|             | value of such<br>ficial Form 10 |                      | d have inc    | cluded it on Schedule I:                     | Your Income                             |            | Your exp                           | penses  |
| (Oii        | iiciai Foiiii iu                | 01.)                 |               |  |   |            |                                    |   |
| 4.          | The rental o                    | r home ownersl       | hip exper     | ses for your residence.                      | Include first mortgage                  | <b>.</b>   |                                    | _   |
|             |                                 | d any rent for the   |               | •  | o.uuooogugo                             | 4.         | \$                                 | 675.00  |
|             | If not include                  | ed in line 4:        |               |  |   |            |                                    |   |
|             | 4a. Real e                      | state taxes          |               |  |   | 4a.        | \$                                 | 0.00  |
|             | 4b. Proper                      | rty, homeowner's     | , or renter   | 's insurance                                 |   | 4b.        |                                    | 12.00   |
|             |                                 |                      | •             | upkeep expenses                              |   | 4c.        | ·                                  | 25.00   |
| _           |                                 | owner's associati    |               |  |   | 4d.        |                                    | 0.00  |
| 5.          | Additional n                    | nortgage payme       | ints for yo   | <b>our residence</b> , such as ho            | ome equity loans                        | 5.         | Φ                                  | 0.00  |

| Debtor 1                 | Meagan                                | Rene Hammes  | Case num  | nber (if known)                       |                             |
|--------------------------|---------------------------------------|--|---|---------------------------------------|-----------------------------|
| 6. <b>Utili</b> t        | tios                                  |  |   |                                       |                             |
| 6. <b>Utili</b> 1<br>6a. |                                       | heat, natural gas  | 6a.   | \$                                    | 200.00                      |
| 6b.                      | •                                     | ver, garbage collection  | 6b.   |                                       | 0.00                        |
|                          |                                       | , cell phone, Internet, satellite, and cable services  | 6c.   | · -                                   |                             |
| 6c.                      | •                                     | •  |   | · · · · · · · · · · · · · · · · · · · | 255.00                      |
| 6d.                      | Other. Spe                            |  | 6d.<br>7.   | ·                                     | 0.00                        |
|                          |                                       | keeping supplies   |   | ·                                     | 600.00                      |
|                          |                                       | hildren's education costs  | 8.  |                                       | 825.00                      |
|                          | -                                     | y, and dry cleaning  | 9.  |                                       | 100.00                      |
|                          | •                                     | roducts and services   | 10.   | *                                     | 75.00                       |
|                          |                                       | ital expenses  | 11.   | \$                                    | 100.00                      |
|                          | <b>isportation.</b><br>iot include ca | Include gas, maintenance, bus or train fare.   | 12.   | \$                                    | 200.00                      |
|                          |                                       | clubs, recreation, newspapers, magazines, and books  | 13.   | \$                                    | 125.00                      |
|                          |                                       | ibutions and religious donations   | 14.   | \$                                    | 0.00                        |
| 5. <b>Insu</b>           |                                       |  |   |                                       | 0.00                        |
|                          |                                       | surance deducted from your pay or included in lines 4 or   | 20.   |                                       |                             |
|                          | Life insura                           |  | 15a.  | \$                                    | 0.00                        |
| 15b.                     | Health insu                           | ırance   | 15b.  | \$                                    | 0.00                        |
| 15c.                     | Vehicle ins                           | urance   | 15c.  | \$                                    | 100.00                      |
| 15d.                     | Other insu                            | rance. Specify:  | 15d.  | \$                                    | 0.00                        |
| 6. <b>Taxe</b>           | es. Do not in                         | clude taxes deducted from your pay or included in lines 4  | or 20.  |                                       |                             |
| Spec                     | cify:                                 |  | 16.   | \$                                    | 0.00                        |
|                          |                                       | ase payments:<br>ents for Vehicle 1  | 17a.  | ¢                                     | 305.00                      |
|                          |                                       | ents for Vehicle 2   | 17a.<br>17b.                                      | · -                                   |                             |
|                          |                                       |  | 176.<br>17c.                                      | ·                                     | 0.00                        |
|                          | Other, Spe                            |  |   | · -                                   | 0.00                        |
|                          | Other. Spe                            | பர்.<br>of alimony, maintenance, and support that you did no   | 17d.  | Ф                                     | 0.00                        |
|                          |                                       | our pay on line 5, Schedule I, Your Income (Official F   |   | \$                                    | 0.00                        |
| 9. <b>Othe</b>           | er payments                           | you make to support others who do not live with you  |   | \$                                    | 0.00                        |
| Spec                     | cify:                                 |  | 19.   |                                       |                             |
|                          |                                       | erty expenses not included in lines 4 or 5 of this form  |   |                                       |                             |
| 20a.                     | Mortgages                             | on other property  | 20a.  |                                       | 0.00                        |
| 20b.                     | Real estate                           | etaxes   | 20b.  | \$                                    | 0.00                        |
| 20c.                     | Property, h                           | omeowner's, or renter's insurance  | 20c.  | \$                                    | 0.00                        |
| 20d.                     | Maintenan                             | ce, repair, and upkeep expenses  | 20d.  | \$                                    | 0.00                        |
| 20e.                     | Homeown                               | er's association or condominium dues   | 20e.  | \$                                    | 0.00                        |
| 1. Othe                  | er: Specify:                          | Pet care   | 21.   | +\$                                   | 20.00                       |
| 2. Calc                  | ulate vour r                          | nonthly expenses   |   |                                       |                             |
|                          | Add lines 4                           |  |   | \$                                    | 3,617.00                    |
|                          |                                       | ? (monthly expenses for Debtor 2), if any, from Official Fo  | m 106J-2  | \$                                    |                             |
|                          |                                       | and 22b. The result is your monthly expenses.  |   | \$                                    | 3,617.00                    |
|                          |                                       |  |   | Ψ ———                                 | 3,017.00                    |
|                          | -                                     | nonthly net income.  |   |                                       |                             |
|                          |                                       | 2 (your combined monthly income) from Schedule I.  | 23a.  | *                                     | 2,525.17                    |
| 23b.                     | Copy your                             | monthly expenses from line 22c above.  | 23b.  | -\$                                   | 3,617.00                    |
| 23c.                     |                                       | our monthly expenses from your monthly income.   |   | ¢                                     | -1 001 93                   |
|                          | The result                            | is your monthly net income.  | 23c.  | \$                                    | -1,091.83                   |
| For e<br>modit           | example, do yo<br>fication to the     | n increase or decrease in your expenses within the y<br>u expect to finish paying for your car loan within the year or do yo<br>erms of your mortgage? | ear after you file this<br>u expect your mortgage | s form?<br>payment to increas         | se or decrease because of a |
| ■ N                      | lo.                                   |  |   |                                       |                             |
| $\square$ Y              | es.                                   | Explain here:  |   |                                       |                             |

| Fill in t          | this information to identify you  | r case:   |                                |                             |                               |
|--------------------|---|---|--------------------------------|-----------------------------|-------------------------------|
| Debtor             | 1 Meagan Rene H   | ammes   |                                |                             |                               |
|                    | First Name  | Middle Name   | Last Name                      |                             |                               |
| Debtor             | 2   |   |                                |                             |                               |
| (Spouse i          | if, filing) First Name  | Middle Name   | Last Name                      |                             |                               |
| United             | States Bankruptcy Court for the:  | EASTERN DISTRICT C                                  | OF CALIFORNIA                  |                             |                               |
| Case n             | umber   |   |                                |                             |                               |
| (if known)         | )   |   |                                |                             | ☐ Check if this is an         |
|                    |   |   |                                |                             | amended filing                |
| You mu<br>obtainii | narried people are filing togeth<br>ist file this form whenever you<br>ng money or property by fraud<br>or both. 18 U.S.C. §§ 152, 1341 | file bankruptcy schedules in connection with a bank | s or amended schedules.        | Making a false statement,   |                               |
|                    | Sign Below  |   |                                |                             |                               |
| Di                 | id you pay or agree to pay som  | neone who is NOT an attor                           | rney to help you fill out ba   | ankruptcy forms?            |                               |
|                    | No  |   |                                |                             |                               |
|                    | Yes. Name of person   |   |                                | Attach Bankruptcy           | Datition Dronoror's Notice    |
|                    |   |   |                                |                             |                               |
| _                  |   |   |                                | Declaration, and S          | Signature (Official Form 119) |
|                    | nder penalty of perjury, I declar<br>at they are true and correct.  | e that I have read the sum                          | ımary and schedules filed      | ,                           |                               |
| tha                |   |   | nmary and schedules filed<br>X | ,                           |                               |
| tha                | at they are true and correct.  /s/ Meagan Rene Hammes  Meagan Rene Hammes   |   | ·                              | d with this declaration and |                               |
| tha                | at they are true and correct.  /s/ Meagan Rene Hammes   |   | x                              | d with this declaration and |                               |

Official Form 106Dec

| Fill              | in this inforn                                | nation to identify you                     | r case:  |   |   |   |
|-------------------|---|--|--|---|---|---|
| De                | btor 1  | Meagan Rene Ha                             | ammes  |   |   |   |
|                   | 5.01  | First Name                                 | Middle Name  | Last Name   |   |   |
| 1 -               | btor 2<br>buse if, filing)                    | First Name                                 | Middle Name  | Last Name   |   |   |
| Un                | ited States Ba                                | nkruptcy Court for the:                    | EASTERN DISTRICT OF  | CALIFORNIA  |   |   |
|                   | se number                                     |  |  |   |   | theck if this is an mended filing                     |
| St<br>Be          | as complete a                                 | of Financial                               | attach a separate sheet to   | re filing together, both are                          | ankruptcy<br>equally responsible for sup<br>additional pages, write you |   |
| Pa                | rt 1: Give D                                  | etails About Your Ma                       | rital Status and Where You   | Lived Before  |   |   |
| 1.                | What is you                                   | current marital statu                      | ıs?  |   |   |   |
|                   | <ul><li>□ Married</li><li>■ Not mar</li></ul> | ried                                       |  |   |   |   |
| 2.                | During the la                                 | ast 3 years, have you                      | lived anywhere other than  | where you live now?                                   |   |   |
|                   | ■ No □ Yes. Lis                               | t all of the places you l                  | ived in the last 3 years. Do no  | ot include where you live now                         | <i>'</i> .  |   |
|                   | Debtor 1 Pr                                   | ior Address:                               | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | dress:  | Dates Debtor 2<br>lived there                         |
| <b>3.</b><br>stat |   |  |  |   | ity property state or territory<br>co, Texas, Washington and W          |   |
| Pa                |   | ke sure you fill out <i>Scl</i>            | nedule H: Your Codebtors (Of   | fficial Form 106H).                                   |   |   |
| 4.                | Fill in the tota                              | I amount of income yo                      | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part-                       |   | ndar years?   |
|                   | □ No ■ Yes. Fill                              | in the details.                            |  |   |   |   |
|                   |   |  | Debtor 1   |   | Debtor 2  |   |
|                   |   |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                              | Gross income<br>(before deductions<br>and exclusions) |
|                   |   | of current year until<br>d for bankruptcy: | ■ Wages, commissions, bonuses, tips  | \$16,295.00   | ☐ Wages, commissions, bonuses, tips                                     |   |
|                   |   |  | ☐ Operating a business   |   | ☐ Operating a business  |   |

Official Form 107

| Debt  | tor 1   | Mea  | agan Ren               | e Hammes                 | 3  |             | Cas                                     | e number (if known)       |           |   |
|---|---|--|------------------------|--------------------------|--|-------------|---|---------------------------|-----------|---|
|   |   |  |                        |                          |  |             |   |                           |           |   |
|   |   |  |                        |                          | Debtor 1   |             |   | Debtor 2                  |           |   |
|   |   |  |                        |                          | Sources of income<br>Check all that apply.   |             | s income<br>re deductions and<br>sions) | Sources of inc            |           | Gross income (before deductions and exclusions) |
| For last calendar year:<br>(January 1 to December 31, 2015)   |   |  |                        | 31, 2015 )               | ■ Wages, commissions, bonuses, tips  | \$38,147.00 | ☐ Wages, commissions, bonuses, tips     |                           |           |   |
|   |   |  |                        |                          | ☐ Operating a business   |             |   | ☐ Operating a             | business  |   |
|   |   |  | ar year be<br>December | fore that:<br>31, 2014 ) | ■ Wages, commissions, bonuses, tips  |             | \$24,328.00                             | ☐ Wages, combonuses, tips | missions, |   |
|   |   |  |                        |                          | ☐ Operating a business   |             |   | ☐ Operating a             | business  |   |
|   |   | No<br>Yes. F   | ill in the de          | etails.                  | Debtor 1 Sources of income   |             | s income from                           | Debtor 2 Sources of inc   |           | Gross income                                    |
|   |   |  |                        |                          |  | each        | source                                  |                           |           | Gross income<br>(before deductions              |
|   |   |  |                        |                          |  |             | re deductions and sions)                |                           |           | and exclusions)                                 |
| Part  | 3:  | List   | Certain Pa             | yments You               | Made Before You Filed for  | Bankrup     | tcy                                     |                           |           |   |
| 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?  □ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) individual primarily for a personal, family, or household purpose."  □ During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? |   |  |                        |                          |  |             | 01(8) as "incurred by ar                |                           |           |   |
|   |   |  | □ No.                  | Go to line               | 7.   |             |   |                           |           |   |
|   |   |  | ☐ Yes                  | paid that c              | each creditor to whom you pai<br>reditor. Do not include paymer<br>payments to an attorney for the | nts for do  | mestic support obliç                    |                           |           |   |
|   | * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. |  |                        |                          |  |             |   |                           |           |   |
|   |   | Yes. <b>Debtor 1 or Debtor 2 or both have primarily consumer debts.</b> During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? |                        |                          |  |             |   |                           |           |   |
|   |   |  | □ No.                  | Go to line               | 7.   |             |   |                           |           |   |
|   |   |  | ■ Yes                  | include pa               | each creditor to whom you pai<br>yments for domestic support of<br>r this bankruptcy case.         |             |   |                           |           |   |
|   | Creditor's Name and Address   |  |                        |                          | Dates of payme   | ent         | Total amount paid                       | Amount you still owe      | Was this  | payment for                                     |
| Patelco Credit Union  |   |  | Credit Un              | ion                      | Last 3 months  | S           | \$915.00                                | \$16.134.00               | □ Mortaa  | age   |

| Creditor's Name and Address   | Dates of payment | Total amount paid | Amount you still owe | Was this payment for  |
|---|------------------|-------------------|----------------------|---|
| Patelco Credit Union<br>1025 N. Fourth Street<br>San Jose, CA 95112 | Last 3 months    | \$915.00          | \$16,134.00          | <ul> <li>☐ Mortgage</li> <li>☐ Car</li> <li>☐ Credit Card</li> <li>☐ Loan Repayment</li> <li>☐ Suppliers or vendors</li> <li>☐ Other</li> </ul> |

Case number (if known)

| 7.  | Within 1 year before you filed for bankrup Insiders include your relatives; any general p of which you are an officer, director, person in a business you operate as a sole proprietor. alimony.                  | artners; relatives of any ge<br>n control, or owner of 20% | neral partners; partne<br>or more of their voting | erships of which yo<br>g securities; and a | ou are a general<br>ny managing ag | partner; corporations<br>ent, including one fo |  |  |  |  |
|-----|---|--|---|--|------------------------------------|--|--|--|--|--|
|     | No  |  |   |  |                                    |  |  |  |  |  |
|     | Yes. List all payments to an insider.   |  |   |  |                                    |  |  |  |  |  |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid                                 | Amount you still owe                       | Reason for the                     | his payment                                    |  |  |  |  |
| 8.  | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. |  |   |  |                                    |  |  |  |  |  |
|     | ■ No □ Yes. List all payments to an insider   |  |   |  |                                    |  |  |  |  |  |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid                                 | Amount you still owe                       | Reason for the Include credite     |  |  |  |  |  |
| D-  | Marrifold and Astisma Barrassasia   |  |   |  |                                    |  |  |  |  |  |
| Pai | rt 4: Identify Legal Actions, Repossessio   | ons, and Foreclosures                                      |   |  |                                    |  |  |  |  |  |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  |  |   |  |                                    |  |  |  |  |  |
|     | Case title  | Nature of the case   | Nature of the case                                |  | Status of the                      | case   |  |  |  |  |
|     | Case number   | ratary or the sace   | count or agono,                                   |  | Otatao or tino                     | Juog   |  |  |  |  |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.                      |  |   |  |                                    |  |  |  |  |  |
|     | <ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>  |  |   |  |                                    |  |  |  |  |  |
|     | Creditor Name and Address   | Describe the Property Da                                   |   |  | ate Value                          |  |  |  |  |  |
|     |   | Explain what happene                                       | ed  |  |                                    | property                                       |  |  |  |  |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?          |  |   |  |                                    |  |  |  |  |  |
|     | No  |  |   |  |                                    |  |  |  |  |  |
|     | Yes. Fill in the details.   | <b>5</b>   |   | 5.4  |                                    |  |  |  |  |  |
|     | Creditor Name and Address   | Describe the action th                                     | e creditor took                                   | Date<br>taker                              | action was                         | Amount   |  |  |  |  |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?              |  |   |  |                                    |  |  |  |  |  |
|     | ■ No □ Yes  |  |   |  |                                    |  |  |  |  |  |
| Pai | rt 5: List Certain Gifts and Contributions  |  |   |  |                                    |  |  |  |  |  |
|     |   |  |   |  |                                    |  |  |  |  |  |
| 13. | Within 2 years before you filed for bankrup  No   | ptcy, did you give any gir                                 | ts with a total value                             | of more than \$60                          | ou per person?                     |  |  |  |  |  |
|     | Yes. Fill in the details for each gift.   |  |   |  |                                    |  |  |  |  |  |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts   | 5   | Date:                                      | s you gave<br>jifts                | Value  |  |  |  |  |
|     | Person to Whom You Gave the Gift and Address:   |  |   |  |                                    |  |  |  |  |  |

Debtor 1 Meagan Rene Hammes

Case number (if known)

| 4.  | Within 2 years before you filed for bank  | ruptcy,   | did you give any gifts or contribution  | ns with a total | value of more than                       | \$600 to any charity? |  |  |  |  |
|-----|---|---|---|-----------------|--|-----------------------|--|--|--|--|
|     | No No   |   |   |                 |  |                       |  |  |  |  |
|     | Yes. Fill in the details for each gift or   | Yes. Fill in the details for each gift or contribution. |   |                 |  |                       |  |  |  |  |
|     | Gifts or contributions to charities that more than \$600 Charity's Name   |   | Describe what you contributed   |                 | Dates you contributed                    | Value                 |  |  |  |  |
|     | Address (Number, Street, City, State and ZIP Co   | ae)   |   |                 |  |                       |  |  |  |  |
| Par | t 6: List Certain Losses  |   |   |                 |  |                       |  |  |  |  |
| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?   |   |   |                 |  |                       |  |  |  |  |
|     | ■ No  |   |   |                 |  |                       |  |  |  |  |
|     | Yes. Fill in the details.   |   |   |                 |  |                       |  |  |  |  |
|     | Describe the property you lost and  | Descr   | ibe any insurance coverage for the lo   | nee             | Date of your                             | Value of property     |  |  |  |  |
|     | how the loss occurred   |   |   | loss            | lost                                     |                       |  |  |  |  |
|     |   |   | e the amount that insurance has paid. L<br>nce claims on line 33 of Schedule A/B: |                 |  |                       |  |  |  |  |
|     |   |   |   | , ,             |  |                       |  |  |  |  |
| Par | t 7: List Certain Payments or Transfe   | rs  |   |                 |  |                       |  |  |  |  |
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes. Fill in the details. |   |   |                 |  |                       |  |  |  |  |
|     | Person Who Was Paid   |   | Description and value of any prop   | ertv            | Date payment                             | Amount of             |  |  |  |  |
|     | Address   |   | transferred   |                 | or transfer was                          | payment               |  |  |  |  |
|     | Email or website address Person Who Made the Payment, if Not  | You   |   |                 | made                                     |                       |  |  |  |  |
|     | debtorcc  |   |   |                 | 6/6/16                                   | \$14.95               |  |  |  |  |
|     |   |   |   |                 | 0/0/10                                   | <b>V</b> 1.100        |  |  |  |  |
|     | Law Office of Seth L. Hanson<br>2400 Professional Drive, Suite 100<br>Roseville, CA 95661   | l   |   |                 | 6/13/16                                  | \$2,000.00            |  |  |  |  |
| 17. | Within 1 year before you filed for banks promised to help you deal with your cr. Do not include any payment or transfer the No  Yes. Fill in the details.   | editors o   | or to make payments to your creditor  |                 | r transfer any prope                     | rty to anyone who     |  |  |  |  |
|     | Person Who Was Paid   |   | Description and value of any prop   | ertv            | Date payment                             | Amount of             |  |  |  |  |
|     | Address   |   | transferred   | only.           | or transfer was                          | payment               |  |  |  |  |
| 18. | Within 2 years before you filed for bank  | ruptcv.   | did vou sell. trade, or otherwise trans   | sfer anv prop   | erty to anyone, other                    | r than property       |  |  |  |  |
|     | transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No   |   |   |                 |  |                       |  |  |  |  |
|     | Yes. Fill in the details.   |   |   |                 |  |                       |  |  |  |  |
|     | Person Who Received Transfer  |   | Description and value of  | Describe        | ny property or                           | Date transfer was     |  |  |  |  |
|     | Address   |   | Description and value of property transferred                                     |                 | any property or received or debts change | made                  |  |  |  |  |
|     | Person's relationship to you  |   |   |                 |  |                       |  |  |  |  |

Debtor 1 Meagan Rene Hammes

| Debtor 1 Meagan Rene Hamm | es |
|---------------------------|----|
|---------------------------|----|

Case number (if known)

| 19. | beneficiary? (These are often called asset-prot  |  | ly property to a               | sen-seme    | a trust or similar device                            | or which you are a                            |  |  |
|-----|--|--|--------------------------------|-------------|--|---|--|--|
|     | ☐ Yes. Fill in the details.  Name of trust   | Description and v                                      | alue of the pro                | perty trans | sferred  | Date Transfer was made                        |  |  |
|     |  |  |                                |             |  | made  |  |  |
| Par | t 8: List of Certain Financial Accounts, Inst  | truments, Safe Deposit                                 | Boxes, and St                  | orage Unit  | S  |   |  |  |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ | other financial accou                                  | nts; certificates              | of deposi   |  |   |  |  |
|     | Yes. Fill in the details.  |  |                                |             |  |   |  |  |
|     |  | Last 4 digits of account number                        | Type of according trument      | unt or      | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |  |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?   | ear before you filed for                               | bankruptcy, a                  | ny safe dep | oosit box or other depos                             | itory for securities,                         |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                                |             |  |   |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  |  | Address (Number, Street, City, |             | the contents   | Do you still have it?                         |  |  |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  |  |                                |             |  |   |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                                |             |  |   |  |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | to it?   | Address (Number, Street, City, |             | the contents   | Do you still have it?                         |  |  |
| Par | t 9: Identify Property You Hold or Control for   | or Someone Else  |                                |             |  |   |  |  |
| 23. | Do you hold or control any property that som for someone.  | neone else owns? Incli                                 | ude any proper                 | ty you borr | rowed from, are storing                              | for, or hold in trust                         |  |  |
|     | ■ No   |  |                                |             |  |   |  |  |
|     | Yes. Fill in the details.  |  |                                |             |  |   |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, S<br>Code) |                                | Describe    | the property   | Value   |  |  |
|     | t 10: Give Details About Environmental Infor   |  |                                |             |  |   |  |  |
|     | Environmental law means any federal, state, toxic substances, wastes, or material into the regulations controlling the cleanup of these                            | e air, land, soil, surface                             | e water, ground                | • .         | •  |   |  |  |
|     | Site means any location, facility, or property to own, operate, or utilize it, including dispos  | as defined under any                                   |                                | law, wheth  | er you now own, operate                              | e, or utilize it or used                      |  |  |
|     | Hazardous material means anything an envir hazardous material, pollutant, contaminant, o   | onmental law defines                                   | as a hazardous                 | waste, ha   | zardous substance, toxi                              | c substance,                                  |  |  |

Official Form 107

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Case number (if known)

| 24.  | 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |  |  |           |  |                    |  |  |
|--|--|--|--|-----------|--|--------------------|--|--|
|  |  | No<br>Yes. Fill in the details.  |  |           |  |                    |  |  |
|  |  | me of site<br>dress (Number, Street, City, State and ZIP Code)                         | Governmental unit Address (Number, Street, City, State and ZIP Code)       |           | invironmental law, if you now it                                 | Date of notice     |  |  |
| 25.  | Hav  | e you notified any governmental unit of  | any release of hazardous material?   |           |  |                    |  |  |
|  |  | No<br>Yes. Fill in the details.  |  |           |  |                    |  |  |
|  |  | me of site<br>dress (Number, Street, City, State and ZIP Code)                         | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) |           | invironmental law, if you now it                                 | Date of notice     |  |  |
| 26.  | Hav  | e you been a party in any judicial or adn  | ninistrative proceeding under any envi                                     | ronme     | ental law? Include settlements a                                 | and orders.        |  |  |
|  |  | No<br>Yes. Fill in the details.  |  |           |  |                    |  |  |
|  |  | se Title<br>se Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Natu      | re of the case   | Status of the case |  |  |
| Par  | t 11:  | Give Details About Your Business or  | Connections to Any Business  |           |  |                    |  |  |
| 27.  | With   | nin 4 years before you filed for bankrupt  | cy, did you own a business or have an                                      | y of th   | ne following connections to any                                  | business?          |  |  |
|  |  | A sole proprietor or self-employed in  | •  |           | •  |                    |  |  |
|  |  | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) |  |           |  |                    |  |  |
|  |  | ☐ A partner in a partnership   |  |           |  |                    |  |  |
|  |  | ☐ An officer, director, or managing executive of a corporation                         |  |           |  |                    |  |  |
|  |  | An owner of at least 5% of the voting  | g or equity securities of a corporation                                    |           |  |                    |  |  |
|  |  | No. None of the above applies. Go to F   | Part 12.   |           |  |                    |  |  |
|  |  | Yes. Check all that apply above and fill   | in the details below for each business                                     | <b>5.</b> |  |                    |  |  |
|  |  | siness Name<br>dress   | Describe the nature of the business  |           | Employer Identification number<br>Do not include Social Security |                    |  |  |
|  | (Nur   | nber, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper   |           | Dates business existed   |                    |  |  |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all fin institutions, creditors, or other parties. |  |  |  |           | ıde all financial  |                    |  |  |
|  |  | No   |  |           |  |                    |  |  |
|  |  | Yes. Fill in the details below.  |  |           |  |                    |  |  |
|  |  | me<br>dress<br>nber, Street, City, State and ZIP Code)                                 | Date Issued  |           |  |                    |  |  |
|  |  |  |  |           |  |                    |  |  |

### Case 16-23819 Filed 06/13/16 Doc 1

| Debtor 1 Meagan Rene Hamme                      | S  | Case number (if known)  |
|---|--|---|
| Part 12: Sign Below                             |  |   |
| are true and correct. I understand th           | nat making a false statement, concealing<br>n fines up to \$250,000, or imprisonment f | nments, and I declare under penalty of perjury that the answers property, or obtaining money or property by fraud in connection or up to 20 years, or both. |
| /s/ Meagan Rene Hammes                          |  |   |
| Meagan Rene Hammes<br>Signature of Debtor 1     | Signature of Debto   | or 2  |
| Date June 13, 2016                              | Date   |   |
| Did you attach additional pages to Y ■ No □ Yes | our Statement of Financial Affairs for In  | dividuals Filing for Bankruptcy (Official Form 107)?  |
| Did you pay or agree to pay someon ■ No         | ne who is not an attorney to help you fill o   | out bankruptcy forms?   |
| ☐ Yes. Name of Person Attack                    | ch the Bankruptcy Petition Preparer's Notice   | , Declaration, and Signature (Official Form 119).   |

| Fill in this inform                 | mation to identify you                             | r case:                                       |                                    |   |                |  |
|-------------------------------------|--|---|------------------------------------|---|----------------|--|
| Debtor 1                            | Meagan Rene Ha                                     | ammes   |                                    |   |                |  |
|                                     | First Name   | Middle Name                                   | Last I                             | Name  |                |  |
| Debtor 2<br>(Spouse if, filing)     | First Name   | Middle Name                                   | Last N                             | Name  |                |  |
|                                     |  |   | CICT OF CALIFORN                   |   |                |  |
| United States Ba                    | inkruptcy Court for the:                           | EASTERN DISTR                                 | CICT OF CALIFORN                   | <u>IA</u>   |                |  |
| Case number<br>(if known)           |  |   |                                    |   |                | Check if this is an amended filing             |
| Official Fo                         |  | on for Indiv                                  | riduals Fil                        | ing Under Chap  | ter 7          | 12/15  |
|                                     | ividual filing under ch                            | •   | I out this form if:                |   |                |  |
| _                                   | e claims secured by y                              |   |                                    |   |                |  |
| You must file thi                   | ever is earlier, unless                            | within 30 days after                          | you file your bank                 | ruptcy petition or by the date<br>ou must also send copies to                                     |                |  |
|                                     | eople are filing togethend date the form.          | er in a joint case, bo                        | th are equally resp                | onsible for supplying correc  | t informatio   | n. Both debtors must                           |
|                                     | and accurate as possi<br>our name and case nu      |   | s needed, attach a                 | separate sheet to this form. C  | On the top o   | f any additional pages,                        |
| Part 1: List Yo                     | our Creditors Who Ha                               | ve Secured Claims                             |                                    |   |                |  |
| 1. For any credit                   |  | Part 1 of Schedule D                          | : Creditors Who H                  | ave Claims Secured by Prope   | erty (Official | Form 106D), fill in the                        |
|                                     | editor and the property                            | that is collateral                            | What do you int<br>secures a debt? | end to do with the property th  |                | I you claim the property exempt on Schedule C? |
| Creditor's <b>P</b> name:           | atelco Credit Unior                                | 1   |                                    | operty and redeem it.   | _              |  |
| Description of                      | 2013 Dodge Jour                                    | ney 53000                                     | ☐ Retain the pro<br>Reaffirmation  | perty and enter into a  |                | Yes  |
| property                            | miles  | •   | Retain the pro                     | perty and [explain]:  |                |  |
| securing debt:                      |  |   | Retain and p                       | ay pursuant to contract   |                |  |
| Part 2: List Yo                     | our Unexpired Person                               | al Property Leases                            |                                    |   |                |  |
| For any unexpire in the information | ed personal property l<br>on below. Do not list re | ease that you listed<br>eal estate leases. Un | expired leases are                 | ecutory Contracts and Unexp<br>leases that are still in effect;<br>ot assume it. 11 U.S.C. § 365( | the lease p    |  |
| Describe your u                     | nexpired personal pr                               | operty leases                                 |                                    |   | Will the       | lease be assumed?                              |
| Lessor's name:                      |  |   |                                    |   | □ No           |  |
| Description of lea<br>Property:     | ased   |   |                                    |   | □ Yes          |  |
| Lessor's name:                      | and a  |   |                                    |   | □ No           |  |
| Description of lea<br>Property:     | aseu   |   |                                    |   | ☐ Yes          |  |
| Lessor's name:                      |  |   |                                    |   | □ No           |  |
| Official Form 108                   |  | Statement of In                               | tention for Individ                | uals Filing Under Chapter 7   |                | page 1   |

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### Case 16-23819 Filed 06/13/16 Doc 1

| Del | otor 1  | Meagan Rene Hammes   | Case number (if known)  |
|-----|---------|--|---|
| Do  | arintia | n of leased  |   |
|     | perty:  | n or leased  | ☐ Yes   |
|     | sor's n | ame:<br>n of leased  | □ No  |
|     | perty:  | ii oi leaseu   | ☐ Yes   |
|     | sor's n | ame:<br>n of leased  | □ No  |
|     | perty:  | n or leased  | ☐ Yes   |
|     | sor's n |  | □ No  |
|     | perty:  | n of leased  | ☐ Yes   |
|     | sor's n |  | □ No  |
|     | perty:  | n of leased  | ☐ Yes   |
| Par | t 3:    | Sign Below   |   |
|     |         | alty of perjury, I declare that I have indicated nat is subject to an unexpired lease. | my intention about any property of my estate that secures a debt and any personal |
| Χ   | /s/ N   | leagan Rene Hammes   | X   |
|     |         | gan Rene Hammes<br>ature of Debtor 1   | Signature of Debtor 2   |
|     | Date    | June 13, 2016  | Date  |

| Fill in this inf                                   | formation to identify your case:  |   | Chas                           | drana hay anly aa d                            | live et ad in this form on                            | d in Form                         |
|--|---|---|--------------------------------|--|---|-----------------------------------|
| Debtor 1   | Meagan Rene Hammes  |   |                                | -1Supp:  | irected in this form and                              |                                   |
| Debtor 2   | meagan Kene Hammes  |   | -                              | 1. There is no pres                            | umntion of abuse                                      |                                   |
| (Spouse, if filing                                 |   |   |                                | ·  | ·   | and the same of a base and        |
| United State                                       | s Bankruptcy Court for the: Eastern District of   | California  | - │ │ ┗                        |  | o determine if a presu<br>nade under <i>Chapter</i> 7 | •                                 |
| Case numbe   | er  |   |                                |  | icial Form 122A-2).                                   |                                   |
| (if known)   |   |   |                                |  | does not apply now by service but it could a          |                                   |
|  |   |   |                                | Check if this is a                             | n amended filing                                      |                                   |
| Official   | Form 122A - 1   |   |                                |  |   |                                   |
| Chapte   | r 7 Statement of Your Cur   | rent Month  | nly Inco                       | me   |   | 12/15                             |
| attach a separ<br>case number (<br>qualifying mili | te and accurate as possible. If two married people a<br>rate sheet to this form. Include the line number to w<br>(if known). If you believe that you are exempted fro<br>itary service, complete and file Statement of Exemp<br>Calculate Your Current Monthly Income | hich the additional in<br>m a presumption of al       | formation app<br>buse because  | plies. On the top of a<br>you do not have prir | ny additional pages, wri<br>narily consumer debts (   | te your name and<br>or because of |
| 1. What is   | s your marital and filing status? Check one or  | ıly.  |                                |  |   |                                   |
| ■ Not  | married. Fill out Column A, lines 2-11.   |   |                                |  |   |                                   |
| ☐ Mar  | ried and your spouse is filing with you. Fill ou  | ut both Columns A a                                   | nd B, lines 2-                 | -11.   |   |                                   |
| ☐ Mar  | ried and your spouse is NOT filing with you.  | You and your spou                                     | ise are:                       |  |   |                                   |
|  | iving in the same household and are not lega  | ı <b>lly separated.</b> Fill o                        | ut both Colu                   | mns A and B, lines 2                           | 2-11.   |                                   |
| ļ ŗ  | iving separately or are legally separated. Fill openalty of perjury that you and your spouse are leving apart for reasons that do not include evading   | egally separated und                                  | der nonbankr                   | uptcy law that applie                          | es or that you and you                                |                                   |
| 101(10A). I<br>the 6 montl                         | average monthly income that you received from all<br>For example, if you are filing on September 15, the 6-m<br>hs, add the income for all 6 months and divide the total<br>wn the same rental property, put the income from that p                                   | onth period would be N<br>by 6. Fill in the result. I | March 1 through Do not include | h August 31. If the amo<br>any income amount m | ount of your monthly incor<br>ore than once. For exam | ne varied during<br>ble, if both  |
|  |   |   |                                | Column A<br>Debtor 1                           | Column B Debtor 2 or non-filing spouse                |                                   |
|  | ross wages, salary, tips, bonuses, overtime, deductions).   | and commissions                                       | (before all                    | 3,207.75                                       | \$  |                                   |
|  | ny and maintenance payments. Do not include n B is filled in.   | payments from a sp                                    | ouse if<br>\$                  | 0.00   | \$  |                                   |
| of you<br>from ar<br>and roo                       | ounts from any source which are regularly pa<br>or your dependents, including child support<br>a unmarried partner, members of your household<br>ommates. Include regular contributions from a sp<br>. Do not include payments you listed on line 3.                  | Include regular con , your dependents, p              | tributions<br>parents,         | 0.00   | \$  |                                   |
|  | come from operating a business, profession,   | or farm   |                                |  |   |                                   |
|  |   | Debtor 1  | 1                              |  |   |                                   |
|  | receipts (before all deductions)  | \$ 0.00   |                                |  |   |                                   |
|  | ry and necessary operating expenses   | -\$ <u>0.00</u>                                       | py here -> \$                  | 0.00   | \$  |                                   |
|  | onthly income from a business, profession, or far   | n \$ co   | py nere -> p                   |  | Ψ   |                                   |
| 6. Net inc   | come from rental and other real property  | Debtor 1  | 1                              |  |   |                                   |
| Gross i  | receipts (before all deductions)  | \$ 0.00   |                                |  |   |                                   |
|  | ry and necessary operating expenses   | -\$ 0.00  |                                |  |   |                                   |
|  | onthly income from rental or other real property  | \$ 0.00 Co  | py here -> \$                  | 0.00   | \$  |                                   |
| 7. Interes   | st, dividends, and royalties  |   | \$                             | 0.00   | \$  |                                   |

Official Form 122A-1

|  |   |  |                 | Column A Debtor 1 |                             | Column E Debtor 2 non-filing                 | or           |                              |
|--|---|--|-----------------|-------------------|-----------------------------|--|--------------|------------------------------|
| Unemp  | ployment compensation   |  |                 | \$                | 0.00                        | \$   |              | _                            |
| Do not of the Soc  | enter the amount if you contend that the amount cial Security Act. Instead, list it here:   | received was a benefit u   | ınder           |                   |                             |  |              |                              |
| For y  | you \$ your spouse \$   | 0.00   | _               |                   |                             |  |              |                              |
| For y  | your spouse \$  |  | _               |                   |                             |  |              |                              |
| benefit  | on or retirement income. Do not include any am<br>under the Social Security Act.  |  |                 | \$                | 0.00                        | \$   |              | _                            |
| Do not i   | e from all other sources not listed above. Spe include any benefits received under the Social Std as a victim of a war crime, a crime against hur tic terrorism. If necessary, list other sources on a selow.   | Security Act or payments<br>nanity, or international or  |                 |                   |                             |  |              |                              |
|  |   |  | _               | \$                | 0.00                        | \$   |              | =                            |
|  |   |  | _               | \$                | 0.00                        | \$   |              | _                            |
|  | Total amounts from separate pages, if any.  |  | +               | \$                | 0.00                        | \$   |              | -                            |
|  | ate your total current monthly income. Add lin<br>olumn. Then add the total for Column A to the tot   |  | S               | 3,207.75          | + \$_                       |  | =[\$_        | 3,207.75                     |
| 2: [   | Determine Whether the Means Test Applies to   | o You  |                 |                   |                             |  | Tota<br>inco | I current month<br>me        |
|  |   |  |                 |                   |                             |  |              |                              |
| Calcula  | ate your current monthly income for the year.   |  |                 |                   |                             |  |              |                              |
|  |   | ·  |                 |                   |                             |  |              |                              |
| 12a. Co  | opy your total current monthly income from line 1   | ·  |                 | Со                | py line 11                  | here=>                                       | \$           | 3,207.75                     |
|  | opy your total current monthly income from line 1   | ·  |                 | Co                | py line 11                  | here=>                                       |              |                              |
|  |   | ·  |                 | Co                | py line 11                  | here=>                                       |              | <b>3,207.7</b> 5             |
| Mι   | opy your total current monthly income from line 1   | 1  |                 | Co                | py line 11                  |  |              | 3,207.75<br>12<br>38,493.00  |
| Μι<br>12b. Th  | opy your total current monthly income from line 1 ultiply by 12 (the number of months in a year)  | 1  |                 | Co                | py line 11                  |  | x            | 12                           |
| Mu<br>12b. Th<br><b>Calcul</b> a   | opy your total current monthly income from line 1 ultiply by 12 (the number of months in a year) ne result is your annual income for this part of the   | 1  |                 | Co                | py line 11                  |  | x            | 12                           |
| Mu<br>12b. Th<br><b>Calcula</b><br>Fill in th  | opy your total current monthly income from line 1 ultiply by 12 (the number of months in a year) ne result is your annual income for this part of the   | form  you. Follow these steps:   |                 | Со                | py line 11                  |  | x            | 12                           |
| Mu 12b. Th  Calcula  Fill in th  Fill in th  To find   | opy your total current monthly income from line 1 ultiply by 12 (the number of months in a year) ne result is your annual income for this part of the ate the median family income that applies to the state in which you live.   | form  you. Follow these steps:  CA  1  of household.  online using the link spec   |                 |                   |                             | 12   | <b>x</b> \$  | 12<br>38,493.00              |
| Mu<br>12b. Th<br>Calcula<br>Fill in th<br>Fill in th<br>To find  | opy your total current monthly income from line 1 ultiply by 12 (the number of months in a year) ne result is your annual income for this part of the ate the median family income that applies to y ne state in which you live. The number of people in your household. The median family income for your state and size of a list of applicable median income amounts, go   | form  you. Follow these steps:  CA  1  of household.  online using the link spec   |                 |                   |                             | 12   | <b>x</b> \$  | 12<br>38,493.00              |
| Mu<br>12b. Th<br>Calcula<br>Fill in th<br>Fill in th<br>To find  | opy your total current monthly income from line 1 ultiply by 12 (the number of months in a year) ne result is your annual income for this part of the ate the median family income that applies to y ne state in which you live. ne number of people in your household. ne median family income for your state and size a list of applicable median income amounts, go form. This list may also be available at the bank  | form  you. Follow these steps:  CA  1  of household.  online using the link spectruptcy clerk's office.  | cified          | in the sepa       | rate instruc                | 12<br>tions                                  | <b>x</b> \$  | 12<br>38,493.00              |
| Mu 12b. Th  Calcula  Fill in th  Fill in th  To find for this th  How do  14a.   | opy your total current monthly income from line 1 ultiply by 12 (the number of months in a year) ne result is your annual income for this part of the ate the median family income that applies to y ne state in which you live. The number of people in your household. The median family income for your state and size of a list of applicable median income amounts, go form. This list may also be available at the bank to the lines compare?  Line 12b is less than or equal to line 13. On  | form  you. Follow these steps:  CA  1  of household.  online using the link spectruptcy clerk's office.  In the top of page 1, checked.  | cified<br>k box | in the sepa       | rate instruc<br>s no presun | 12<br>tions<br>nption of abo                 | x \$         | 12<br>38,493.00<br>50,579.00 |
| Mu 12b. Th  Calcula  Fill in th  Fill in th  To find if  for this if  How do  14a.  14b.   | opy your total current monthly income from line 1 ultiply by 12 (the number of months in a year) ne result is your annual income for this part of the ate the median family income that applies to y ne state in which you live. The number of people in your household. The median family income for your state and size of a list of applicable median income amounts, go form. This list may also be available at the bank to the lines compare?  Line 12b is less than or equal to line 13. Or Go to Part 3.  Line 12b is more than line 13. On the top or  | form  you. Follow these steps:  CA  1  of household.  online using the link spectruptcy clerk's office.  In the top of page 1, checked.  | cified<br>k box | in the sepa       | rate instruc<br>s no presun | 12<br>tions<br>nption of abo                 | x \$         | 12<br>38,493.00<br>50,579.00 |
| Multiple Mul | opy your total current monthly income from line 1 ultiply by 12 (the number of months in a year) ne result is your annual income for this part of the ate the median family income that applies to y ne state in which you live.  The number of people in your household. The median family income for your state and size of a list of applicable median income amounts, go form. This list may also be available at the bank to the lines compare?  Line 12b is less than or equal to line 13. Or Go to Part 3.  Line 12b is more than line 13. On the top or Go to Part 3 and fill out Form 122A-2.  | form  you. Follow these steps:  CA  1  of household. online using the link spectruptcy clerk's office.  In the top of page 1, check for page 1, check box 2, Topics of page 1, check box 2 | cified<br>k box | in the sepa       | rate instructs no presun    | 13<br>otions<br>onption of abo<br>determined | x \$         | 12<br>38,493.00<br>50,579.00 |
| Mu 12b. Th  Calcula Fill in th Fill in th To find for this th How do 14a. 14b. 3: S  | opy your total current monthly income from line 1 ultiply by 12 (the number of months in a year) he result is your annual income for this part of the late the median family income that applies to y he state in which you live. he number of people in your household. he median family income for your state and size a list of applicable median income amounts, go form. This list may also be available at the bank to the lines compare?  Line 12b is less than or equal to line 13. Of Go to Part 3.  Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.  Sign Below y signing here, I declare under penalty of perjury                          | form  you. Follow these steps:  CA  1  of household. online using the link spectruptcy clerk's office.  In the top of page 1, check for page 1, check box 2, Topics of page 1, check box 2 | cified<br>k box | in the sepa       | rate instructs no presun    | 13<br>otions<br>onption of abo<br>determined | x \$         | 12<br>38,493.00<br>50,579.00 |
| Mu 12b. Th  Calcula  Fill in th  Fill in th  To find for this th  How do  14a.  14b.  3:  By  X  | opy your total current monthly income from line 1 ultiply by 12 (the number of months in a year) he result is your annual income for this part of the late the median family income that applies to y he state in which you live. he number of people in your household. he median family income for your state and size a list of applicable median income amounts, go form. This list may also be available at the bank to the lines compare?  Line 12b is less than or equal to line 13. Or Go to Part 3. Go to Part 3. Go to Part 3 and fill out Form 122A-2.  Sign Below Ty signing here, I declare under penalty of perjury  Is/ Meagan Rene Hammes  Meagan Rene Hammes             | form  you. Follow these steps:  CA  1  of household. online using the link spectruptcy clerk's office.  In the top of page 1, check for page 1, check box 2, Topics of page 1, check box 2 | cified<br>k box | in the sepa       | rate instructs no presun    | 13<br>otions<br>onption of abo<br>determined | x \$         | 12<br>38,493.00<br>50,579.00 |
| Mu 12b. Th  Calcula Fill in th Fill in th To find a for this a How do 14a. 14b.  By X  | opy your total current monthly income from line 1 ultiply by 12 (the number of months in a year) he result is your annual income for this part of the late the median family income that applies to y he state in which you live. he number of people in your household. he median family income for your state and size a list of applicable median income amounts, go form. This list may also be available at the bank to the lines compare?  Line 12b is less than or equal to line 13. Or Go to Part 3.  Line 12b is more than line 13. On the top or Go to Part 3 and fill out Form 122A-2.  Sign Below ly signing here, I declare under penalty of perjury  /s/ Meagan Rene Hammes | form  you. Follow these steps:  CA  1  of household. online using the link spectruptcy clerk's office.  In the top of page 1, check for page 1, check box 2, Topics of page 1, check box 2 | cified<br>k box | in the sepa       | rate instructs no presun    | 13<br>otions<br>onption of abo<br>determined | x \$         | 12<br>38,493.00<br>50,579.00 |

If you checked line 14b, fill out Form 122A-2 and file it with this form.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy\_form

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Eastern District of California

| In re      | Meagan Rene Hammes   |  | Case No.            |                                     |
|------------|--|--|---------------------|-------------------------------------|
|            |  | Debtor(s)  | Chapter             | 7                                   |
|            | DISCLOSURE OF COMI   | PENSATION OF ATTOR   | NEY FOR DE          | CBTOR(S)                            |
| C          | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the per rendered on behalf of the debtor(s) in contemplat   | filing of the petition in bankruptcy, o  | r agreed to be paid | to me, for services rendered or to  |
|            | For legal services, I have agreed to accept  |  | \$                  | 2,000.00                            |
|            | Prior to the filing of this statement I have receive   |  |                     | 2,000.00                            |
|            |  |  | _                   | 0.00                                |
| 2. 7       | The source of the compensation paid to me was:   |  |                     |                                     |
|            | ■ Debtor □ Other (specify):  |  |                     |                                     |
| 3. Т       | The source of compensation to be paid to me is:  |  |                     |                                     |
|            | ■ Debtor □ Other (specify):  |  |                     |                                     |
| <b>1</b> . | ■ I have not agreed to share the above-disclosed c   | ompensation with any other person un   | nless they are meml | pers and associates of my law firm. |
| l          | ☐ I have agreed to share the above-disclosed comp<br>copy of the agreement, together with a list of the  |  |                     |                                     |
| 5. ]       | In return for the above-disclosed fee, I have agreed   | to render legal service for all aspects  | of the bankruptcy c | ase, including:                     |
| t<br>c     | <ul> <li>Analysis of the debtor's financial situation, and red.</li> <li>Preparation and filing of any petition, schedules,</li> <li>Representation of the debtor at the meeting of cred.</li> <li>[Other provisions as needed]</li> </ul> | statement of affairs and plan which n  | nay be required;    |                                     |
| 5. I       | By agreement with the debtor(s), the above-disclose Representation of the debtors in any   |  |                     | proceeding.                         |
|            |  | CERTIFICATION  |                     |                                     |
|            | certify that the foregoing is a complete statement of ankruptcy proceeding.  | of any agreement or arrangement for p  | ayment to me for re | epresentation of the debtor(s) in   |
| Jı         | une 13, 2016   | /s/ Seth L. Hanson   |                     |                                     |
| Do         | ate  | Seth L. Hanson Signature of Attorney Law Office of Seth 2400 Professional Suite 100 Roseville, CA 9566 916-780-7005 seth@hansonattor | Drive<br>1          |                                     |
|            |  | Name of law firm   |                     |                                     |

Hammes, Meagan - - Pg. 1 of 2

Capital One 26525 N Riverwoods Blvd Mettawa, IL 60045

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238

Chase Card Po Box 15298 Wilmington, DE 19850

Citi 701 E 60th St N Sioux Falls, SD 57104

Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Macys Charge Account 9111 Duke Blvd Mason, OH 45040

Patelco Credit Union 5050 Hopyard Rd Pleasanton, CA 94588

Syncb/care Credit C/o P.o. Box 965036 Orlando, FL 32896

Syncb/jcp Po Box 965007 Orlando, FL 32896

Syncb/walmart Dc Po Box 965024 Orlando, FL 32896

The Home Depot/Citibank, N.A. PO Box 6497 Sioux Falls, SD 57117

Case 16-23819 Filed 06/13/16 Doc 1 Hammes, Meagan - - Pg. 2 of 2

Us Bank 4325 17th Ave S Fargo, ND 58125